

**PSYCHIATRIC MORBIDITY AMONG ALCOHOLIC
PATIENTS IN PSYCHIATRIC OPD AT GOVERNMENT
RAJAJI HOSPITAL, MADURAI.**

**M.Sc (NURSING) DEGREE EXAMINATION
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COLLEGE OF NURSING,
MADURAI MEDICAL COLLEGE, MADURAI-20**



A dissertation submitted to

**THE TAMILNADU DR. M. G. R. MEDICAL UNIVERSITY,
CHENNAI - 600 032**

In partial fulfillment of the requirement for the degree of

MASTER OF SCIENCE IN NURSING

OCTOBER 2018

**PSYCHIATRIC MORBIDITY AMONG ALCOHOLIC
PATIENTS IN PSYCHIATRIC OPD AT
GOVERNMENT RAJAJI HOSPITAL, MADURAI.**

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CERTIFICATE

This is to certify that this dissertation titled **“PSYCHIATRIC MORBIDITY AMONG ALCOHOLIC PATIENTS IN PSYCHIATRIC OPD AT GOVERNMENT RAJAJI HOSPITAL, MADURAI”** is a bonafide work done by **Mr. K. Selvakumar**, M.Sc (N) Student, College of Nursing, Madurai Medical College, Madurai - 20, submitted to **THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI** in partial fulfillment of the university rules and regulations towards the award of the degree of **MASTER OF SCIENCE IN NURSING, Branch V- Mental Health Nursing**, under our guidance and supervision during the academic period from 2016 - 2018.

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ABSTRACT

Title: Psychiatric morbidity among alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai. **Objectives:** To assess the psychiatric morbidity among alcoholic patients in psychiatric OPD. To associate the psychiatric morbidity among alcoholic patients in psychiatric OPD with their socio demographic variables **Hypotheses:** There is statistically significant relationship between the psychiatric morbidity and alcoholism among alcoholic patients. There is statistically significant association between the psychiatric morbidity among alcoholic patients with their selected socio demographic variables **Methodology:** Non experimental descriptive design was used, 100 Alcoholic patients were selected by non-probability (consecutive) sampling and assessed through Mini International Neuropsychiatric Interview tool. **Results:** The study revealed that majority of the Alcoholic patients had various psychiatric morbidity. **Conclusion:** The study findings evidence that psychiatric morbidity is common in people with alcohol dependence and need integrated strategies for the identification and management of both alcohol dependence and co morbid psychiatric disorders.

Key words: Psychiatric morbidity, Alcoholic patients

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INTRODUCTION

CHAPTER - I

INTRODUCTION

“Well, I woke up in the morning

And bought myself a beer,

The future is uncertain,

And the end is always near”.

- Jim Morison & the doors

Alcohol has provided a variety of functions for people throughout all history. From the earliest times to the present, alcohol has played an important role in religion and worship. So the history of alcohol and drinking is a fascinating part of our past. Historically, alcoholic beverages have served as sources of needed nutrients. They have been widely used for their medicinal, antiseptic, and analgesic properties.

The role of such beverages as thirst quenchers is obvious. They also play an important role in enhancing the enjoyment of life. They can be a social lubricant, facilitate relaxation, can provide pharmacological pleasure, and increase the pleasure of eating.

Alcohol is the common name given to organic compounds having hydroxyl group linked to a carbon atom. In everyday life, alcohol refers to any beverage containing ethanol or ethyl alcohol. It is available in many forms with beer being the third most popular drink throughout the world next to water and tea. Although adult per capita consumption is highest in high-income countries, it is nearly as high in the upper and middle income countries. An estimated 4.5% of the global burden of disease, as measured in disability-adjusted life years is caused by harmful use of alcohol.

In India, which was considered as one of the countries with tradition of abstinence, is a thing of past. Alcohol consumption has now become a social activity and is accepted as a casual behavior. A nationwide survey on drug abuse showed that the prevalence of alcohol consumption was 21% among men and 2% among women in India. Though this is less compared to international statistics, half of them fall under hazardous category and one-fifth are dependent drinkers. The spirit accounts for 95% of the alcohol consumption in India and drinking heavily and frequently has become signature pattern among Indians, which is of a serious health concern.

Alcoholism is a worldwide problem not confined either to developed or to developing nations. The adverse consequences of alcohol are not only affect the individual user, but society as a whole. Alcohol is a major public health problem today. Alcoholism continues to be a growing nuisance is among all the strata of the society. Alcohol is a most commonly used and abused substance especially in the western world. Alcohol dependence is one of the most debilitating psychiatric illnesses affecting 5% of people who consumes alcohol (**WHO 2011**).

Alcohol abuse is defined as a “maladaptive pattern of alcohol use indicated by continued use, despite a persistent or recurrent social, occupational, psychological, or physical problem that was caused or exacerbated by alcohol use or by its recurrent use in physically hazardous situations”.

In recent years nothing has come to light more shockingly than alcohol addiction. If this evil is allowed to take roots and spread, not only our present generation but the generations to come will fall victim to one of the most dangerously potent indulgence. Alcohol dependence is a major threat to public health throughout the world. Just as a virus, use of alcohol and alcohol trafficking knows no bounds or limitations. It spreads all over a country; from nation to nation, to the entire globe infecting every

civilized society irrespective of caste, creed, culture and geographical location Various researches have shown that the consumption of Alcohol in our country is increasing. Alcohol-related harm s determined by the volume of alcohol consumed, the pattern of drinking, and, on rare occasions, the quality of alcohol consumed.

The harmful use of alcohol is a component cause of more than 200 disease and injury conditions in individuals, most notably liver cirrhosis, cancers, pancreatitis, ulcers and Gastro intestinal problems, brain damage, immune system dysfunction, malnourishment and vitamin deficiencies, heart disease , osteoporosis, accidents and injuries , alcohol dependence and other psychiatric co morbidity such as depression, anxiety disorder, suicidality, hypomanic, phobia, anti social behaviour and psychotic disorder. According to key statistics in 2018, about 3.3 million deaths, or 5.9% of all global deaths, were attributable to alcohol consumption.

According to **Babor et al., (2003)** and **WHO (2007)** there are three main direct mechanisms of harm caused by alcohol consumption in an individual. These three mechanisms are:

- Toxic effects on organs and tissues;
- Intoxication, leading to impairment of physical coordination, consciousness, cognition, perception, affect or behaviour;
- Dependence, whereby the drinker's self-control over his or her drinking behaviour is impaired.

Alcohol consumption is associated with many other neuropsychiatric conditions, such as depression or anxiety disorders (**Kessler, 2004; Boden and Fergusson, 2011**), but the complexity of the pathways of these associations currently prevents their inclusion in the estimates of alcohol-attributable disease burden (**Rehm et al., 2010**)

1.1 Need for the study

“First you take a drink, then the drink takes a drink, then the drink takes you”

~ Francis Scott Key Fitzgerald

According to IHME, Global Burden of disease (2016), it is estimated that globally, around 164 million people had an alcohol or drug use disorder in 2016. Among them, 68 % (111 million) were male. A large number of alcohol dependents found in USA, UK, Ireland, and India. Approximately two thirds of all adult Americans take an alcohol drink in course of a year.

India is one of the fastest raising of alcohol consuming country in the world. In 2015, Dr. P. C. Gupta, director of Sekhsaria Institute of Public Health, quoted a WHO report which said about 30% of Indians consume alcohol, out of which 4-13% are daily consumers and up to 50% of these fall under the category of hazardous drinking. The per capita consumption of alcohol per week for the year 2016 was estimated at 147.3 ml and it is expected to grow at a CAGR of 7.5% to 227.1 ml. In an alarming revelation, the Global Status report on alcohol and health 2014, released by the World Health Organization (WHO) states the Indians consumed 5.3 billion liters of alcohol in 2016, 5.66 in 2017 and will consume 5.94 in 2018, 6.23 in 2019, 6.53 in 2020. Such a severe increasing alcohol consumption and alcohol dependence will be associated with high prevalence of psychiatric morbidity too. The states of Andhra Pradesh, Telangana, Kerala, Karnataka, Sikkim, Haryana and Himachal Pradesh are amongst the largest consumers of alcohol in India.

The article published by Sribala Vadlapatla in 2017, Tamil Nadu is one of the high alcohol consuming states. In Tamil Nadu 47.4% of men in rural areas and 46 % of

men in urban areas consume alcohol. Only 0.5% of women in urban areas and 0.3 % of women in rural areas take alcohol.

In psychiatric OPD at Government Rajaji Hospital, Madurai approximately 9500 patients were reported for the past 5 years and approximately 2500 alcoholic patients are attending psychiatric OPD with alcoholic dependence disorder every year and most of them have the features of other psychiatric morbidity disorder also.

Generally, Alcoholism is a social evil and as far as possible every individual should void it. Continuous usage of alcohol adversely affects the brain and its efficiency. Alcohol is the main cause of family unhappiness, tension and total disorganization.

Excessive use of alcohol has been identified as a major contributor to the global burden of disease. Alcohol use has been associated with increased morbidity and mortality.

According to **Max Roser and Hannah Ritchie (2017)** the prevalence of any mental or substance use disorders among global population are 15.5% and the number of people with the disorders is 1.1 billion. The prevalence of Alcohol use disorders are 1.4% and the prevalence of psychiatric disorders among alcohol abusing and alcohol dependent patients, were reported to be as high as between 57% and 84%. It has been associated with psychiatric disorders like depression, anxiety, psychosis, adjustment disorders, sleep disorders, sexual disorders and suicides. Life time risk of suicide in alcohol abusers is estimated to be 7% due to conflict with family members, job loss and financial problems. Studies show that though alcohol increases risk of psychiatric morbidity, vice versa is also common.

Alcoholism does not only impact the drinker but also their families and communities and making things worse, it makes it more critical to assess for prevention and intervention efforts. Despite the public health crisis and harmful consequences alcoholism represents, there is inadequate recognition of alcohol misuse as a public health issue in India. Information on screening measures is critical for prevention and early intervention efforts. Therefore, in this study we have stressed on alcoholism and its related health problems and associated social factors.

1.2 Statement of the problem

“A study to assess the psychiatric morbidity among alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai”

Aim of the study

To find out the prevalence of psychiatric morbidity among alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai.

1.3 Objectives

1. To assess the psychiatric morbidity among alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai.
2. To associate the psychiatric morbidity among alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai with their selected socio demographic variables.

1.4 Hypotheses

H₁ - There is statistically significant relationship between the psychiatric morbidity and alcoholism among alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai.

H₂ - There is statistically significant association between the psychiatric morbidity among alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai with their selected socio demographic variables.

1.5 Operational definition

Psychiatric morbidity

In this study it refers to the presence of major depressive episode, Dysthymia, suicidality, Hypomania, panic disorder, agoraphobia, social phobia obsessive-compulsive disorder, generalized anxiety disorder, antisocial personality disorder as measured by Mini Neuro psychiatric interview screening questionnaire, and rated as yes or no. If yes, the questionnaire will be administered to ascertain the manifestations of particular psychiatric illness.

Alcoholic patients

In this study it refers to the male patient who is consuming alcohol for more than one year and attending Psychiatric OPD for treatment.

Psychiatric OPD

In this study it refers to Outpatient department where psychiatric patients were diagnosed and treated in Government Rajaji hospital, Madurai. Approximately per day 10 alcoholic patients were attended in psychiatric OPD in Government Rajaji Hospital, Madurai for treatment.

1.6 Assumption

Substance abuse like alcoholic patients prone to get psychiatric morbidity in their life.

1.7 Delimitation

The study is limited to

- Psychiatric OPD at Government Rajaji Hospital, Madurai only.
- The study period is limited to 4-6 weeks.

1.8 Projected outcome

The study helps to identify the prevalence of psychiatric morbidity among alcoholic patients.

REVIEW OF LITERATURE

CHAPTER - II

REVIEW OF LITERATURE

“Books are companions, teachers, magicians, bankers of the treasures of the mind. Books are humanity in print.”

- Barbara W Tuchman

Review of literature helps to develop a strong knowledge base to carry out research in educational, clinical practice setting and for further development of knowledge in nursing science (Polit, 2008).

Review of literature is an essential aspect of a research work. It is of great help to the Researcher and works as guide for him. Review of related literature serves as a pointer to the lacuna in the concerned piece of research work. A review of literature helps to assess what is already known, what is still unknown and untested, justify the need for its replication throw some light on the feasibility of the study and problems that may be encountered.

The review of literature may not be systematic but it has been done in such a way to indicate and elaborate the causes, problems, consequences, and various contributions in the field of drug and alcohol related problems. The following are the related literature that the researcher has taken the initiative in providing the basic information on the related research topic.

The literature reviews had been divided under following headings.

- **Literature related to prevalence of alcoholism**
- **Literature related to psychiatric morbidity among alcoholic patients**

2.1 Literature related to prevalence of alcoholism

Sangamitra pati et al. (2018) conducted a qualitative exploration of alcohol consumption during pregnancy among tribal women in sundargarh district in Odisha, India. The total study populations were 132 women lactating in the past three months in the 41 villages under their jurisdiction. Structural in depth interview with WHO AUDIT scale was used to identify the women who consumed alcohol during pregnancy. Out of these 132 women, 119 agreed to participate in the first round of the survey. The study reveals that 20 women reported consumption of alcohol during pregnancy. Sixteen (80%) out of these 20 women scored 3 on AUDIT screening questionnaire (positive or optimal for identifying hazardous drinking or active alcohol use disorder) , 4 (20%) women scored 4 on the scale.

Maharajan PL et al. (2017) conducted a cross sectional descriptive study on prevalence of alcohol consumption and factors associated with the alcohol use among the youth of Suryabinayak Municipality, Bhaktapur. The total study population were 250. The results revealed 56% of youth reported current drinking, with male (37.6%) outnumbering female (18.4%). 32.8% of youth were lifetime abstainers while 73.6% of current drinkers were found to drink in the past 30 days. The mean age of initiating drinking alcohol was found to be 17 years. Furthermore the study showed that the association of alcohol consumption was found to be highly significant with age group, gender, ethnicity, family history of alcohol use and friend's history ($p \leq 0.0001$ at CI 95%).

Sanghamitra Pati et al. (2017) conducted a cross sectional study on Prevalence, pattern, and correlates of alcohol misuse among male patients attending community health center (CHC), Buguda in the state of Odisha, India. A total of 431 patients were interviewed and the study showed 38% (95% confidence interval [CI]: 33.5%–42.7%) of respondents were alcoholic and of those 60% (95% CI: 51.4%–66.5%) were hazardous drinkers. One in five patients had a history of alcoholics

in their family, and a similar proportion of participants were heavy workers. Smokers were eight times (adjusted odds ratio [AOR] =7.56; 4.03–14.52) more likely to be alcoholics as compared to nonsmokers ($P < 0.001$), whereas the prevalence of alcohol drinking was four times (AOR = 3.94; 2.25–6.92) higher in smokeless tobacco users compared to nonusers. Furthermore the study revealed that focusing only on counseling and treatment services will not reduce the piling burden of alcohol use. It is important to target the environment that leads to such habits.

S. S. Anuja U et al. (2016) conducted a cross sectional study among 300 high school students in high schools of Pagappara PHC area, Thiruvananthapuram, Kerala to estimate the prevalence of alcoholism, the pattern of consumption and the physical circumstances lead them to alcoholism. Data was collected using a pre tested questionnaire through interview technique. The results declared that the prevalence of drinking among the high school students was 21% and 1% of students were regular drinkers. Among those consumed alcohol 38.15 have used it before the age of 10 years. 61.9% started drinking for experimentation and beer was commonly used type (71%). And the final study report was 21% of students have consumed alcohol and 1% is regular users of alcohol.

Yoneatsu osaki et al. (2016) conducted a periodical cross-sectional surveys on prevalence and trends in alcohol dependence and alcohol use disorders in Japanese adults. The total samples were 2547 in 2003, 4123 people in 2008 and 4153 in 2013. The result showed lifetime experience of alcohol dependence diagnosed by ICD-10 was 1.9% for male and 0.2% for female, and the estimated number of patients was 1.07 million. The binge drinking and heavy episodic drinking were observed especially younger generation. The survey finally observed many hidden alcoholic patients.

T.S. Jaisoorya et al. (2015) Conducted a cross sectional study on the prevalence and correlates of alcohol use among adolescents attending schools in Ernakulam in Kerala, India. The total study samples were 7560 in the age group

12 – 19 years. The result was prevalence of lifetime alcohol among adolescents use was 15% (23.2% among boys and 6.5% among girls) with prevalence increasing with age and 25.3% of drinkers reported hazardous alcohol use. The mean age at onset of alcohol use was 13.6 years. The prevalence of alcohol use was higher among students from urban areas and those with a part-time job. Lower use was seen among Muslims. The study reveals that the alcohol use among adolescents in India deserves greater attention than it has previously received

Sujit D Rathod et al. (2015) conducted a population based cross sectional study on Epidemiological features of alcohol use among adults in rural villages and urban wards in Sehore district, Madhya Pradesh, India. The total study participants were 3220. The study revealed nearly one in four men (23.8%) had consumed alcohol in the past 12 months, while few (0.6%) women were consumers. Among drinkers, 33.2% (95% CI 28.6% to 38.1%) had AUDIT scores consistent with hazardous drinking, 3.3% (95% CI 2.1% to 5.1%) with harmful drinking and 5.5% (95% CI 3.8% to 8.0%) with dependent drinking. Furthermore the study conclude that suggest for effectively identifying and treating adults with AUDs.

Zavos et al. (2015) conducted a cross sectional study on to estimate the prevalence of alcohol use and AUD in the Colombo District, Sri Lanka. The total study population were 6012. The result reveals Lifetime alcohol use on 12 or more occasions was estimated at 63.1 % (95 % CI: 61.3-64.9) in men and 3.7 % (95 % CI: 3.0-4.3) in women. Prevalence of lifetime alcohol abuse and alcohol dependence in men was 6.2 % (95 % CI: 5.3-7.1) and 4.0 % (95 % CI: 3.3-4.7) respectively. Furthermore the Lower prevalence of alcohol use and AUD was observed compared to Western countries.

Abdul Azeez et al. (2014) conducted a cross sectional study to measure the prevalence of alcohol consumption among college students in the colleges under NITTE university. The total samples were 1150 college students. Out of 1150 students, 304(26.4%) consumes alcohol. 167 (54.9%) were males and 137 (45.1%) were females.

Most of them were social drinkers .Majority of them consumed 2-3 drinks in one sitting. Tendency of binge drinking is high. The study finally revealed that the prevalence of alcohol consumption comes up to a quarter of the total population surveyed most of them being social drinkers with males outnumbering females but with a visible reduction in the observed gap.

Ruma Dutta et al. (2014) conducted a population based cross sectional study on alcoholism among adult males in Poonamallee block of Tiruvallur district in Tamil Nadu, India. The total of 157 adult male were enrolled in the study. The study results showed prevalence of alcoholism among the study participants was 35.7%. Furthermore the study revealed that the quantity, usage pattern, and resultant problems have undergone substantial changes over the past 20 years.

Muthurajesh Easwaran et al. (2014) conducted a community based cross sectional study to measure the prevalence and determinants of alcohol consumption among adult men at Kalapet in Pondicherry. The study population consisted of 500 men. The result showed that the prevalence of alcohol consumption was 59.6%. Factors such as lower literacy level, having family history of alcohol consumption, and cigarette smoking were found to be positively associated with alcohol consumption.

Ganesh Kumar S. (2013) conducted a cross sectional study on the Prevalence and Pattern of Alcoholism among 946 subjects who were aged 10 years and above, in rural Tamil Nadu, India. The study revealed that the prevalence of alcohol use was found to be 9.4%. Prevalence was more among males (16.8%) as compared to that among females (1.3%). Mean age at initiation was 25.3 +9.0 years. Multiple logistic regression analysis revealed that middle age (15–44 years) (OR=3.56), male gender (OR=11.23), illiteracy (OR=6.16), lower education levels (OR=2.57) and smoking (OR=17.78) were independently associated with alcohol use. Among those who used alcohol, 29.2% (26) were possible hazardous drinkers, 33. 7% (30) had a probable alcohol dependence and 56.2% (50) had experienced harmful effects, based on AUDIT

item analysis. The study reveals that the Prevalence of alcohol use is high, especially among males.

Palanivel Rajan et al. (2011) carried out a cross sectional study over a period of one year from August 2010 to July 2011 in the field practice area of PSG Rural Health Centre, Neelambur to estimate prevalence of tobacco and alcohol use in a rural population in Tamil Nadu, India. Data collection was done by semi-structured, semi-open ended interview-based questionnaire. Out of 1464 study participants, 244 (16.7%) were smokers. Smokeless tobacco usage was found in 168 (11.5%) study participants whereas 191 (13%) were using Beedi and 85 (5.8%) were using Cigarette. Alcohol consumption in the last 12 months was found in 207 (14.1%) study participants. Among those consuming alcohol, most of them were consuming Beer 176 (85%) followed by Rum 54 (26.1%) and Whiskey 40 (19.3%). Furthermore the study reveals that the prevalence of tobacco and alcohol use was high in this rural population proximal to urban area in Tamil Nadu.

Dr Tumge Loyi. (2009) conducted a self administered questionnaire survey to assess and compare prevalence, patterns and harmful use of alcohol among college students in Arunachal Pradesh (352) and Kerala (703). Scientific sampling method was used to select students. The study revealed that the prevalence of alcohol use among college student was 60.5% and 22% in Arunachal and Kerala respectively. Students having problem drinking was 32.3% and 8.1% in Arunachal and Kerala respectively. Majority (81.2%) of males and 38.6% of females used alcohol in Arunachal Pradesh. In Kerala 46.1% males and 5.9% females use alcohol. Furthermore the study highlighted that increased prevalence of alcohol among college students and emphasizes on regional difference in the practices and beliefs attached alcohol.

John A (2009) conducted a cross sectional study on nature, prevalence and risk factors associated with hazardous use of alcohol among men in Kaniyambadi block in southern India.. The prevalence of life-time use, use in the past year and hazardous use

of alcohol among the total sample of 82 was 46.7%, 34.8% and 14.2%, respectively. Using Indian made foreign liquor (OR 20.51; 95% CI 8.81-47.75) and living in a village which brewed illicit alcohol (OR 2.82; 95% CI 1.39-5.72) were risk factors for hazardous use while education (OR 0.39; 95% CI 0.21-0.72) was protective. The study reveals that the relationship between the availability of illicit and commercial alcohol and its hazardous use.

2.2 Literature related to psychiatric morbidity among alcoholic patients

Bethan Bowden et al. (2018) conducted an electronic cohort study of all 2,803,457 residents of Wales, UK, aged from 10 to less than 100 years on 1 January 2006 with six years' follow-up to measure the risk of suicide following an alcohol-related emergency hospital admission. The study revealed, there were 15,546,355 person years at risk with 28,425 alcohol-related emergency admissions and 1562 suicides. 125 suicides followed an admission (144.6 per 100,000 person years), of which 11 (9%) occurred within 4 weeks of discharge. The risk of suicide remained substantial in subjects without known co-existing psychiatric morbidity: HR men 8.11 (95% CI 6.30 to 10.4) and women HR 24.0 (95% CI 15.5 to 37.3). Furthermore, the study reveals that emergency alcohol-related hospital admission is associated with an increased risk of suicide.

Pankaj Kanwar et al. (2017) conducted a cross sectional study of psychiatric co-morbidity among alcohol dependents in 40 consecutive patients. The result revealed that Lifetime psychiatric co-morbid disorders were detected in 45%. Psychiatric disorders most frequently associated with alcohol dependence were major depressive disorder (10%), bipolar affective disorder (7.5%), dysthymia (5%), anxiety disorders (7.5%) and antisocial personality disorder (5%). Furthermore the study indicates that psychiatric disorders are prevalent in alcohol dependents and mood disorders are the most prevalent ones.

Anil Kumar Buruganahalli Nagendrappa (2016) conducted a cross sectional study on the gender differences in demographic and clinical profile and psychiatric co-morbidity among patients with alcohol dependence syndrome at Shridevi Institute of Medical Sciences and Research Hospital, a tertiary care center located in Tumkur, India during year 2015 to 2016. Seventy male and 50 female subjects (aged 18 to 50 years) meeting the criteria for ADS, were assessed. The result reveals females compared to males started alcohol use at a later age, drunk for shorter duration and lesser quantity per day. Stress was the foremost reason cited for initiation of drinking and physical sickness to seek medical treatment by both. Females have more co-morbid psychiatric problems compared to males.

Sureka et al. (2013) conducted study on the frequency and pattern of subsyndromal and syndromal psychiatric morbidity among male patients with alcohol dependence admitted for treatment at Drug Abuse Treatment and Rehabilitation Centre (DATRC) of Institute of Human Behavior and Allied Sciences (IHBAS) Hospital. The total samples were 50. Out of 50 patients, depressive disorder was the most common psychiatric morbidity, being present in 6 (12%) patients. Among other disorders, anxiety disorders were present in 5(10%) patients, mania in 2(4%) patients, and schizophrenia in 2 (4%) patients, and Obsessive Compulsive Disorder (OCD) along with depressive disorder in 1(2%) patients. Furthermore the study reveals there was presence of psychiatric disorders in 32% of patients with alcohol dependence.

Shihab Kattukulathil et al. (2012) conducted a cross sectional study on psychiatric comorbidity in alcohol dependence in Institute of Medical Sciences and Research Centre, Thiruvalla. The total samples were 88 in patients with ICD 10 diagnosis of alcohol dependence syndrome for the presence of co morbid psychiatric disorders, using ICD10 Diagnostic Criteria for Research, after two weeks of inpatient care. The study reveals that 66.59% of our subjects had a co morbid psychiatric disorder. Bipolar affective disorder was the most common one (20.4%). Prevalence of

other disorders were: unipolar depression (17%), phobia (9%), antisocial personality disorder (6.8%), generalized anxiety disorder (6.8%), schizophrenia (3.4%), obsessive compulsive disorder (1.1%) and delusional disorder (1.1%). The study finally concludes that co morbid psychiatric disorders are highly prevalent in alcohol dependence.

Siddharth Aswal et al. (2012) conducted a cross sectional study on psychiatric morbidity and psychosexual dysfunctions among 50 alcohol dependence Patients with control group attending psychiatry OPD and admitted in De addiction ward in J.L.N. Hospital, AJMER. The study revealed most of patients suffered from depression and impotence due to alcohol dependence in comparison of normal healthy control. Psychiatric morbidity was significantly more in alcohol dependent (54%) as compared to controls (12%). Furthermore the study conclude that depression was the most common diagnosis in alcohol dependent (28%) followed by anxiety disorder (10%)

Shakya Dhana R et al. (2009) conducted a cross sectional study on 60 consecutive inpatients to measure the Psychiatric co morbidity in cases admitted for alcohol dependence in the department of Psychiatry of a tertiary care hospital in dharan in eastern Nepal. The study reveals the mean age of the cases was 39.19 years, 75% were male and 90% were married. Three fourths used other substances besides alcohol; main being nicotine, opioid and cannabis. Eighty percent cases had one or other or more than one diagnosable psychiatric illness, including ICD-10 mental and behavioral disorders in 63% and personality problems severe enough to affect the course of substance use disorder in 48% of the total cases. The most common psychiatric disorder in ADS cases was anxiety disorders, followed by mood affective disorders, and psychotic illness. Furthermore the study reveals Psychiatric co-morbidity is common in people with alcohol dependence.

John Brady (2006) submitted a paper on the evidence of association between alcohol misuse and suicidal behaviour. A Medline search was performed to find

relevant research evidence. The study revealed there is evidence to suggest alcohol misuse predisposes to suicidal behaviour through its depressogenic effects and promotion of adverse life events, and both behaviours may share a common genetic predisposition. Acute alcohol use can also precipitate suicidal behaviours through induction of negative affect and impairment of problem-solving skills, as well as aggravation of impulsive personality traits, possibly through effects on serotonergic neurotransmission.

N Heramani singh et al. (2005) conducted a cross sectional study on the prevalence of psychiatric co-morbidity among alcohol-dependent subjects and to compare the prevalence of specific psychiatric disorders between them and a control group in Psychiatry OPD services at the Regional Institute of Medical Sciences (RIMS), Manipur. The study assessed the prevalence of psychiatric co-morbidity in 100 alcohol-dependent subjects and 100 controls. The prevalence rate of psychiatric co-morbidity in alcohol-dependent subjects and controls was found to be 92% and 12%, respectively. The most common disorders were depression, antisocial personality disorder (ASPD) and phobia. There was a significant difference in the prevalence of psychiatric co-morbidity between alcohol-dependent subjects and controls.

Zen et al. (2004) a descriptive study was conducted on psychiatric co morbidity among alcoholic patients attending psychiatry OPD services at the Regional Institute of Medical Sciences, Manipur in (2004). 100 patients were assessed after excluding the presence of psychiatric/organic or substance use disorders. A semi structured interview Proforma was used to record the socio demographic and the history of alcohol abuse. Result found that Psychiatric co morbidity among 92 % of subjects and the most common found was emotional depressive disorder & 5% had generalized emotional anxiety disorder.

Elizabeth C. Penick et al. (1994) conducted a cross sectional study on 928 patients to measure the co morbidity of lifetime psychiatric disorder among male

alcoholic patients undergoing alcoholism treatment at six Veterans Administration Medical Centers. Thirty-eight percent were positive for alcoholism only; 62% fulfilled inclusive lifetime diagnostic criteria for at least one other additional psychiatric syndrome. Thirty percent satisfied criteria for one additional syndrome; 16% for two additional syndromes; 12% for three; and 4% for four or more disorders in addition to alcoholism. Depression and antisocial personality were the most frequently identified co-occurring syndromes (36% and 24%, respectively) followed by drug abuse and mania (17% each). The additional psychiatric syndromes in this sample were clearly not randomly distributed; Instead, certain disorders tended to cluster together such as: drug abuse and antisocial personality; mania and depression; depression and anxiety disorder; and schizophrenia and affective disorder.

M Booth et al. (1991) conducted a cross sectional study to identify whether psychiatric co-morbidity was associated with the rate and time of alcohol-related inpatient readmissions for a group of 255 patients discharged from alcoholism treatment at a mid western rural medical center. A structured interview obtained information regarding psychiatric disorders, including depression, antisocial personality disorders and poly substance abuse, as well as alcohol history and socio demographics. Ninety-eight subjects (38.4% of sample) were readmitted for alcoholism-related diagnoses within 15 months of discharge. Patients with a long history of heavy drinking, high daily alcohol consumption and history of previous alcoholism treatment were most likely to be readmitted with an alcoholism-related primary diagnosis. Once these variables were controlled for, other major psychiatric disorders, poly substances abuse and socio demographic variables did not appear to predict time to readmission.

2.3 Conceptual framework

The conceptual framework for the present study was based on Bronfrenner “Social Ecological Model”. The determinants of alcoholism explored by individual and environmental factors such as Microsystem, Mesosystem, Exosystem and Microsystem. The present study was focused on the dynamic interaction among various individual and environmental systems which influence the person to become alcoholic and cause various psychiatric morbidity among alcoholic patients.

Individual

Individuals are key agents in socio ecological systems. The individual has several characteristics such as age, gender, marital status, education, religion etc. and interacting with the various actual environmental systems in which he lives in and his development within the context of the systems of relationship that form his or her environment.

In this study the individual is described that the personal characteristics such as age, religion, marital status, education, occupation and income contribute the person to become alcoholic and cause various psychiatric morbidity due to alcoholism, by interaction with various environmental system in which he lives in.

Microsystem

The microsystem is the layer closest to the person with which the person has direct contact. The microsystem encompasses the relationships and interactions a person has with his or her immediate surroundings such as family, school, neighborhood and caring environment. The caring relations between person and parents (or other caregivers) can help to influence a healthy personality.

In the present study it was explained that the alcoholism and psychiatric morbidity is developed by peer pressure, work pressure in job, parental alcohol use, no

parental guidance and supervision, locality of residence and the type of family of an individual.

Mesosystem

Mesosystems connect two or more systems in which the person, parent and family live. Mesosystems provide the connection between the structures of the person's microsystem.

In this study it was explained as there is connection between the structures of the person's microsystem leads him to become alcoholic and to prone for various psychiatric disorder due to alcoholism

Exosystem

The exosystem defines the larger social system in which the person does not directly function. The structures in this layer impact the person's development by interacting with some structure in his/her microsystem.

In the present study, the social system of alcoholic patients such as influence of neighborhood, legal constraints, lack of social control, influence of mass media on alcohol use, social availability of alcohol, work places, impact alcohol use by interacting with some of the microsystem structure.

Macrosystem

The macrosystem is composed of cultural values, customs and laws. It refers to the overall patterns of ideology and organization that characterize a given society or social group. Macrosystems can be used to describe the cultural or social context of various societal groups such as social classes, ethnic groups, or religious affiliates. This layer is the outermost layer in the person's environment. In a sense, the macrosystem that surrounds us helps us to hold together the many threads of our lives.

In the present study, it was explained that the cultural values and customs, social classes, ethnic groups, religious affiliates, traditional practices, perception about alcohol expectancies and poor impulsive control that all have the relation with other layers and influence the person's to consume alcohol and to prone for various psychiatric disorder due to alcoholism.

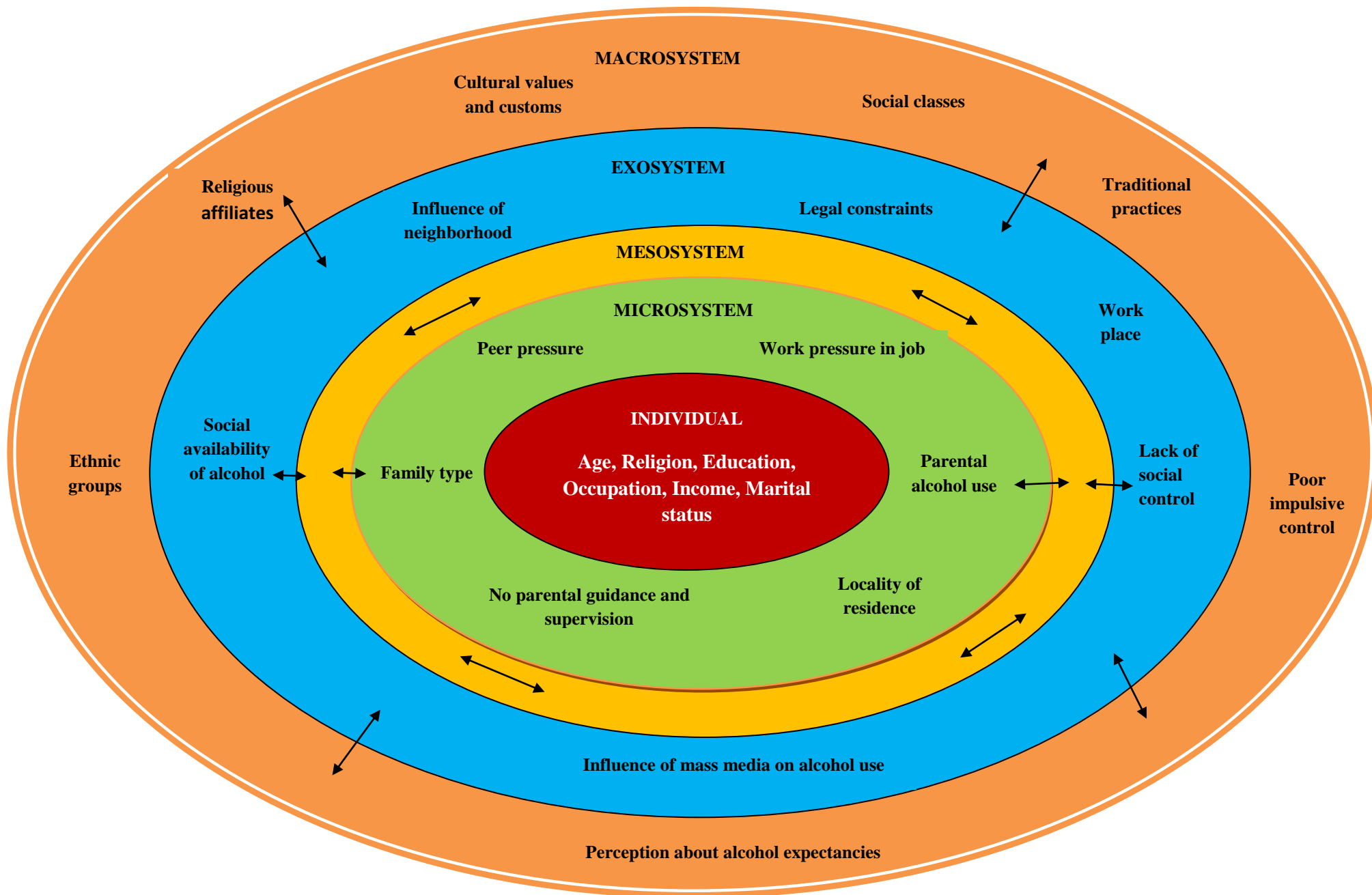


Figure 1: Conceptual framework for modified social ecological framework on alcoholism

RESEARCH METHODOLOGY

CHAPTER - III

RESEARCH METHODOLOGY

The methodology of research indicates the general pattern of developing or refining the methods of obtaining, organizing or analyzing data for gathering valid and reliable data for investigation. This chapter includes research design, setting of the study, population, sample, and inclusion and exclusion criteria for selection of sample, development and description of the tool, content validity, pilot study, data collection procedure and plan for data analysis.

3.1 Research approach

In this study the researcher used Quantitative approach.

3.2 Research design

The research design used in this study was Non experimental – (Descriptive) research design.

3.3 Variables

Research variables:

The research variable in the present study is psychiatric morbidity among alcoholic patients.

3.4 Setting of the study

The study is conducted in psychiatric OPD, Government Rajaji Hospital, Madurai.

3.5 Population

Target population

Target population is alcoholic patients

Accessible population

Alcoholic patients attending psychiatric OPD, at Government Rajaji Hospital, Madurai.

3.6 Sample

In the present study the sample consists of alcoholic patients attending psychiatric OPD at GRH, Madurai and those who fulfilled the inclusion criteria.

3.7 Sample Size

The sample size is 100 alcoholic patients attending psychiatric OPD, at Government Rajaji Hospital, Madurai.

3.8 Sampling technique

The sampling technique used in this study was Non probability - (Consecutive) sampling technique.

3.9 Criteria for selection of sample

The study sample was selected by the following inclusion and exclusion criteria.

Inclusion criteria

- Patient who is consuming alcohol for more than 1 year.
- Patient who is consuming pure alcohol includes Gin, Rum, Vodka and Whisky contains 40 – 48% Ethanol, 3-4 units (75ml – 100 ml) or more per day.

Exclusion criteria

- Patients with acute intoxication or in withdrawal state of alcohol.
- Patients with chronic medical illness.
- Patients with psychiatric/organic or substance use disorders.
- Those who consume other than pure alcohol such as Beer, Lager, Cider, Wine and Champagne contain alcohol < 10%.

3.10 Research tool and technique

- Socio demographic variables
- M.I.N.I (Mini International Neuropsychiatric interview)
- The technique used for the study was structured interview method.

Description of the instrument

The tool consists of two sections.

Section I: Socio demographic variables.

Section II: M.I.N.I. tool (Mini International Neuropsychiatric Interview)

Section I (Socio Demographic Data)

It consists of socio demographic data of the clients. The socio demographic variables include age, religion, residence, marital status, type of family, education, occupation, family income per month, , age at onset of alcohol drinking, duration of alcohol intake, alcohol use in a week, quantity of alcohol consumption per day, family history of alcohol drinking, history of abstinence from alcohol.

Section II

The M.I.N.I. consists of screening questionnaire rated as yes or no type and designed as a brief structured interview tool developed by W.H.O to ascertain the psychiatric morbidity among alcoholic patients.

3.11 Scoring procedure

Section I: No scoring is given for the socio - demographic variables.

Section II: All questions were rated either by Yes or No. The rating was done at the right of each question by circling either Yes or No. If yes the questions were further administered for ascertaining the psychiatric morbidity, and the presence of psychiatric morbidity were judged.

3.12 Testing of the tool

Validity of the tool

In order to measure the content validity, the questionnaire is given to experts in the field of Psychiatric Nursing, Psychiatrist and Psychologist. They were judged the items for clarity, relatedness, meaningfulness and adequacy of the contents. Tool was translated in to Tamil and retranslated to English to confirm language validity.

Reliability of the tool

The reliability of a measuring instrument is a major criterion for assessing its quality and adequacy. Reliability is the consistency with which it measures the target attribute. The reliability of the tool was done by test retest method $r=0.86$. Hence the tool was consider as reliable and was used in this study.

3.13 Pilot study

A Pilot study was conducted in psychiatric OPD, at Government Rajaji Hospital, Madurai to test the feasibility, relevance and practicability of the tool. Assessment from 21th May 2018 to 27th May 2018 among 10 Male alcoholic patients attended psychiatric OPD. The findings of the pilot study revealed that the tool was feasible and practicable.

3.14 Data collection procedure

The data collection is done in psychiatric OPD at Government Rajaji Hospital, Madurai, prior to data collection ethical clearance was obtained from ethical committee of Government Rajaji Hospital, Madurai, and from the Head of the Department of psychiatry to conduct the Pilot study and main study. Both verbal and written informed consent was obtained from all the study participants. Data collection was done for 6 weeks from 004.06.2018 to 13.07.2018 in psychiatric OPD at Government Rajaji Hospital, Madurai.

Session started with introduction of self, establishment of rapport, explanation regarding the purpose and nature of the study. All questions were administered and rated either Yes or No. If yes the questions were further administered for ascertaining the psychiatric morbidity and the presence of psychiatric morbidity were judged.

3.15 Plan for data analysis

The data is analyzed according to objectives of the study by using descriptive and inferential statistics.

Descriptive statistics

Frequencies and percentage were used for analyzing socio demographic variables and prevalence of psychiatric morbidity among alcoholic patients.

Inferential statistics

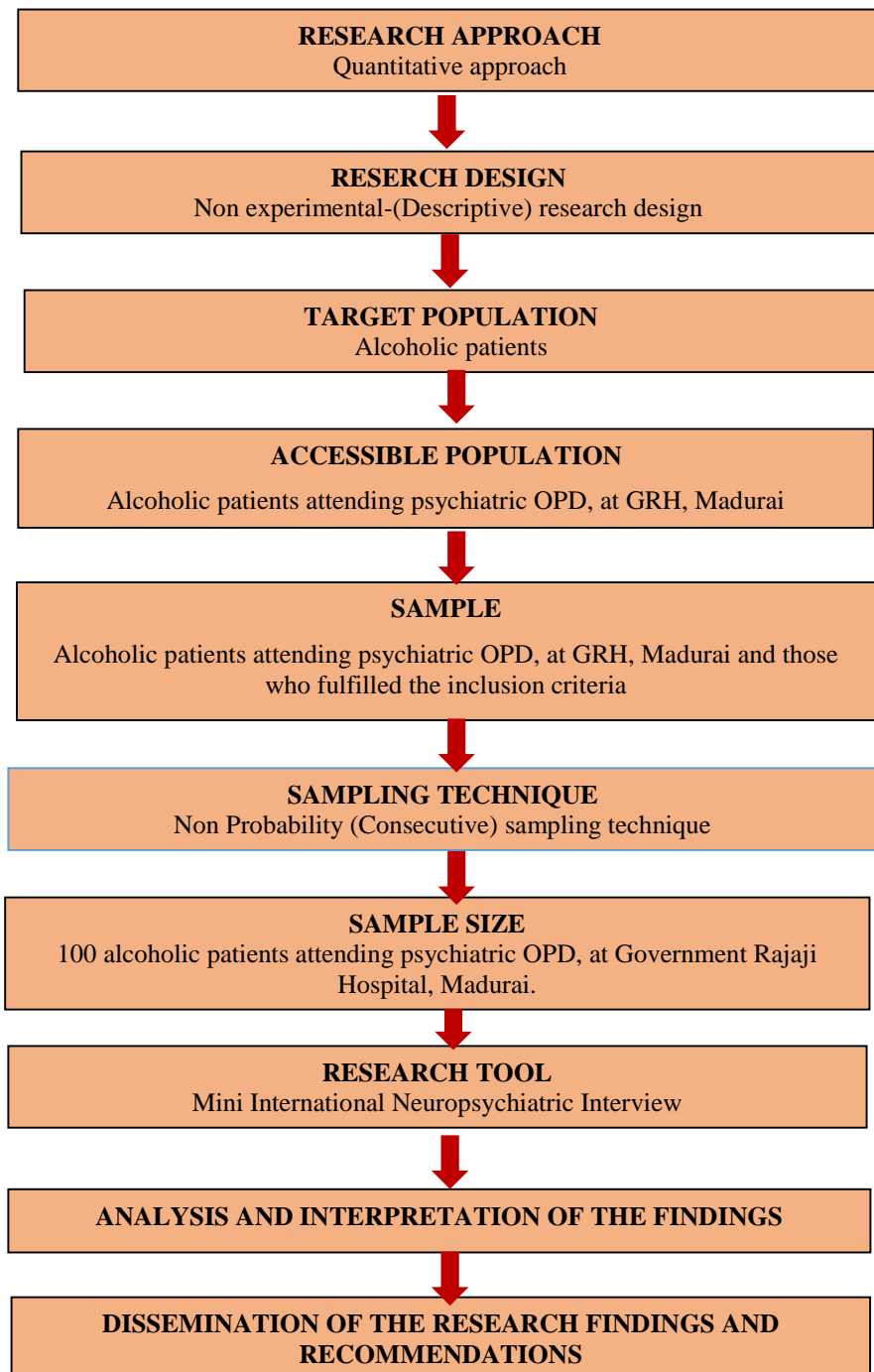
Chi- square analysis was used to find out the association between psychiatric morbidity among Male alcoholic patients with their selected socio demographic variables.

3.16 Protection of human rights

The research proposal was approved by the dissertation committee, of college of Nursing, Madurai Medical College, Madurai, Government Rajaji hospital ethical committee, and from the head of the department of psychiatry to conduct the main study.

- Both verbal and written informed consent was obtained from all the study
- Participants and the data collection were kept confidential. .
- They are also explained that they may withdraw from the study at any time without any penalty.
- Anonymity and Confidentiality is maintained throughout the study.

3.17 Schematic representation of research methodology



DATA ANALYSIS AND INTERPRETATION

CHAPTER - IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the description of sample, analysis and interpretation of the of the data collected to evaluate the achievement of the objectives of the study. Statistical procedure enabled the investigator to deduce, summarize, organize, evaluate, interpret and communicate the numeric information. Statistical analysis is a method of rendering quantitative information meaningful and intelligible. In this chapter the data collected were edited, tabulated, analyzed and interpreted. The findings were organized and presented in the following orderly sections.

The data collected were organized under the following sections

Section I

Distribution of alcoholic patients according to their selected socio demographic variables

Section II

Distribution of psychiatric morbidity among alcoholic patients

Section III

Association between the psychiatric morbidity and alcoholic patients in psychiatric OPD, at Government Rajaji Hospital, Madurai with their selected socio demographic variables

Section I

Distribution of alcoholic patients according to their socio demographic variables

Table 1

Frequency and percentage distribution of subjects according to their selected socio demographic variables

n= 100

Socio demographic variables		f	%
Age	< 20 Years	2	2
	21 to 30 Years	18	18
	31 to 40 Years	38	38
	41 to 50 Years	28	28
	> 50 Years	14	14
Religion	Hindu	91	91
	Christian	4	4
	Muslim	5	5
Residence	Urban	26	26
	Rural	56	56
	Sub urban	18	18
Marital status	Unmarried	18	18
	Married	53	53
	Separated	25	25
	Divorced	4	4
Type of family	Nuclear family	59	59
	Joint family	41	41
Education	No formal Education	7	7
	Primary Education	42	42
	High School education	26	26
	Higher Secondary education	18	18
	Graduate or above	7	7

Occupation	Private employee	12	12
	Government employee	1	1
	Coolie	44	44
	Self employed	25	25
	Unemployed	18	18
Family income	< Rs.5000	25	25
	Rs.5001 - Rs.10,000	29	29
	> Rs.10,000	46	46
Age at onset of alcohol drinking	< 20 Yrs	21	21
	21 - 30 Yrs	38	38
	31 - 40 Yrs	22	22
	> 40 Yrs	19	19
Duration of alcohol drinking	< 5 Yrs	26	26
	6 - 10 Yrs	20	20
	11 - 15 Yrs	9	9
	> 15 Yrs	45	45
Alcohol use in a week	1 day in a week	3	3
	2 - 3 days	27	27
	4 - 6 days	31	31
	Daily	39	39
Quantity of alcohol consumption per day	90 - 180 ml	39	39
	181 - 270 ml	33	33
	271 - 360 ml	25	25
	> 360 ml	3	3
Family history of alcohol drinking	Yes	40	40
	No	60	60
History of abstinence from alcohol	Yes	54	54
	No	46	46

Table 1 explains the distribution of alcoholic patients according to their selected socio demographic variables

According to the age group in alcoholic patients, majority 38 (38%) were belonged to 31-40 years, 28 (28%) were belonged to 41-50 yrs, 18 (18%) were belonged to 21-30 yrs, 14 (14%) were belonged to above 50 yrs and 2 (2%) were belonged to below 20 years.

While comparing the religion in alcoholic patients, majority 91 (91%) were belonged to hindus, 5 (5%) were belonged to muslims and 4 (4%) were belonged to christians.

When discussing the area of residence in alcoholic patients, majority 56 (56%) were hailed from rural area, 26 (26%) were hailed from urban area and 18 (18 %) were hailed from suburban areas.

While comparing the marital status of alcoholic patients, majority 53 (53%) were married, 25 (25%) were separated, 18 (18%) were unmarried and 4 (4%) were divorced.

With respect to the type of family in the alcoholic patients, majority 59 (59%) were belonged to nuclear family and 41 (41%) were belonged to joint family.

When discussing about educational status of alcoholic patients, majority 42 (42%) had studied up to primary education, 26 (26%) had studied up to high school education, 18 (18%) had studied up to higher secondary education, 7 (7%) had studied graduate or above and remaining 7 (7%) had no formal education.

While stating occupational status in the alcoholic patients, majority 44 (44%) patients were worked as coolie, 25 (25%) were self employed, 18 (18%) were unemployed, 12 (12%) were private employee and 1 (1%) were Government employee.

With respect to the family income per month in alcoholic patients, majority 46 (46%) earned above Rs. 10,000, 29 (29%) earned between Rs.5001 – Rs.10,000 and 25 (25%) earned below Rs.5000.

When considering the age at onset of alcoholic drinking, majority 38 ((38%) were started to drink alcohol between 21 – 30 years, 22 (22%) were between 31 – 40 years, 21 (21%) were below 20 years and 19 (19) were above 40 years

When discussing about duration of alcohol intake in alcoholic patients, majority 45 (45%) were taken alcohol for more than 15 years, 26 (26%) were taken alcohol for below 5 years, 20 (20%) were taken alcohol for the duration between 6 – 10 years and 9 (9%) were taken alcohol for less than 5 years.

While comparing the Alcohol use in a week in alcoholic patients, majority 39 (39%) were used alcohol daily, 31 (31%) were used alcohols between 4 – 6 times a week, 27 (27%) were used alcohol between 2-3 times a week and 3 (3%) were used alcohol once in a week.

As far as the quantity of alcohol consumption per day by the alcoholic patient, majority 39 (39%) were consumed 90 – 180 ml, 33 (33%) were consumed 181 – 270 ml, 25 (25%) were consumed 271 – 360 ml and 3 (3%) were consumed more than 360 ml of alcohol per day.

When discussing about the family history of alcohol drinking in alcoholic patients, majority 60 (60%) had the family history of alcohol drinking while 40 (40%) had no family history of alcohol drinking.

While comparing the history of alcohol abstinence in alcoholic patients, majority 54 (54%) had the history of abstinence from alcohol where as 46 (46%) had no history of abstinence from alcohol.

Distribution of subjects according to age

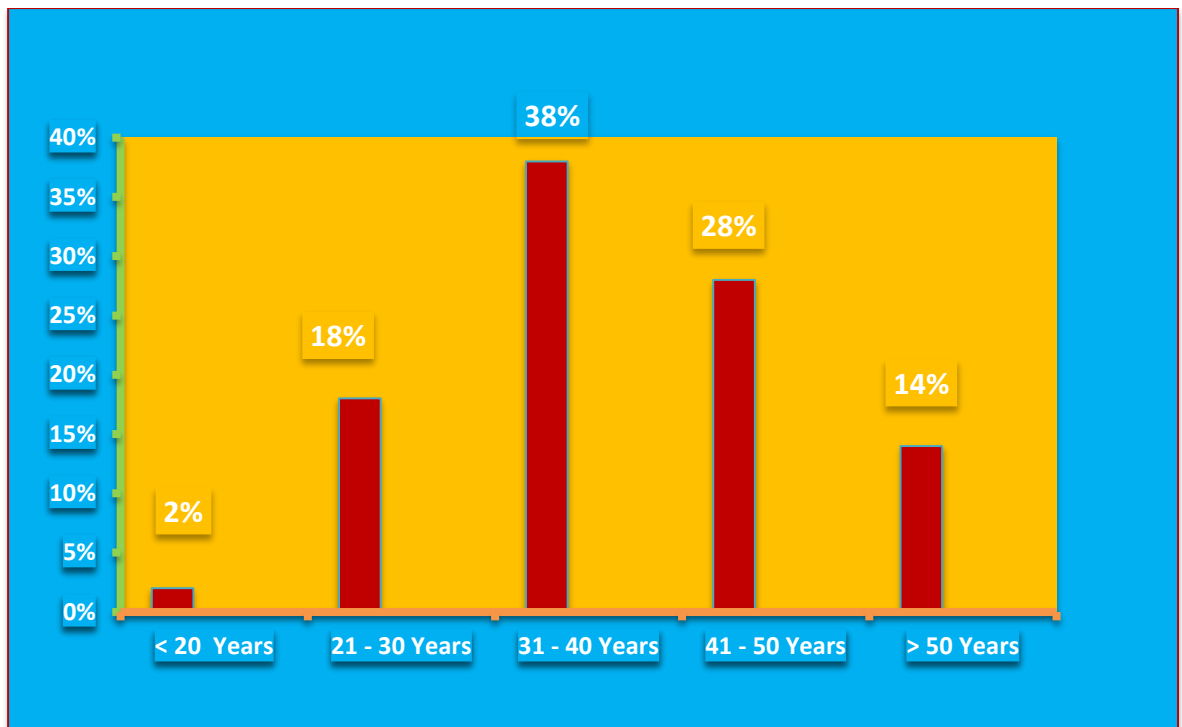


Figure 2: Bar diagram quotes distribution of alcoholic patients according to their Age (in years).

Majority 38 (38%) were belonged to 31-40 yrs, 28 (28%) were belonged to 41-50 yrs, 18 (18%) were belonged to 21-30 yrs, 14 (14%) were belonged to above 50 yrs and 2 (2%) were belonged to < 20 yrs.

Distribution of subjects according to religion

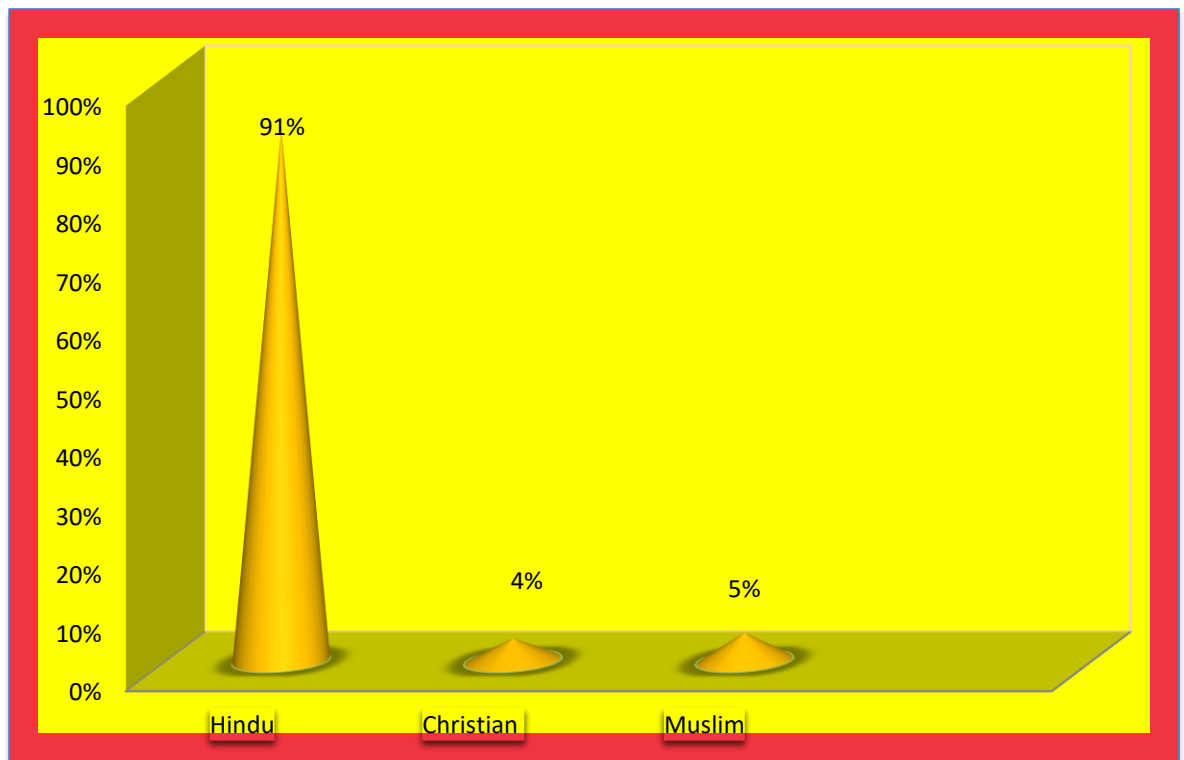


Figure 3: Cone diagram comparing the distribution of alcoholic patients according to their religion.

Majority 91 (91%) were belonged to Hindus, 5 (5%) were belonged to Muslims and 4 (4%) were belonged to Christians.

Distribution of subjects according to residence

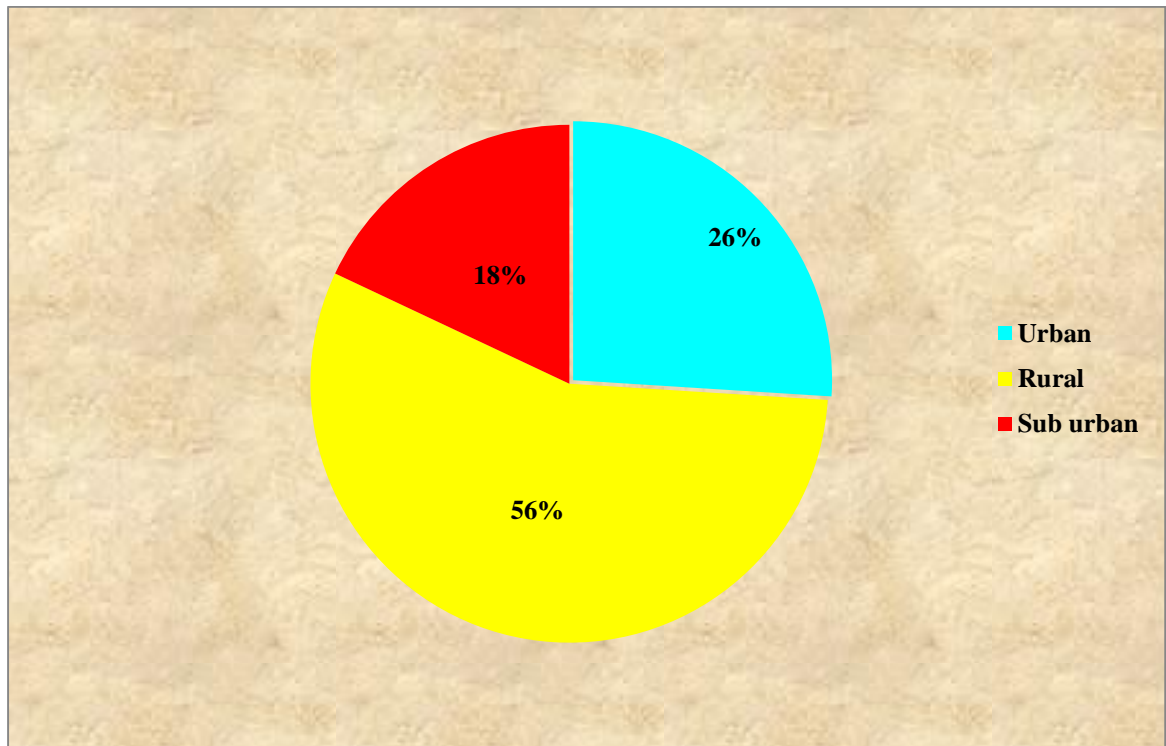


Figure 4: Pie diagram depicts the distribution of alcoholic patients according to their area of residence.

Majority 56(56%) were hailed from rural area, 26 (26%) were hailed from urban area and 18 (18 %) were hailed from suburban areas.

Distribution of subjects according to marital status

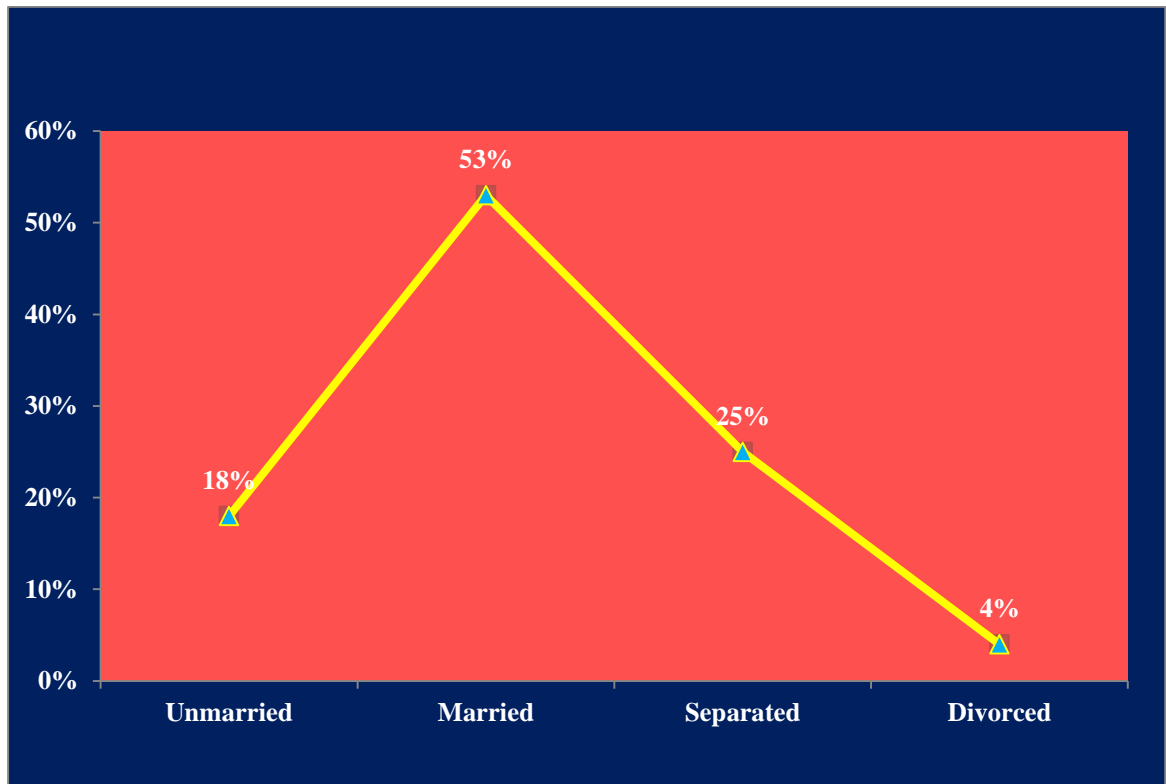


Figure 5: Line diagram comparing the distribution of alcoholic patients according to their family income per month.

Majority 53 (53%) were married, 25 (25%) were separated, 18 (18%) were unmarried and 4 (4%) were divorced.

Distribution of subjects according to type of family

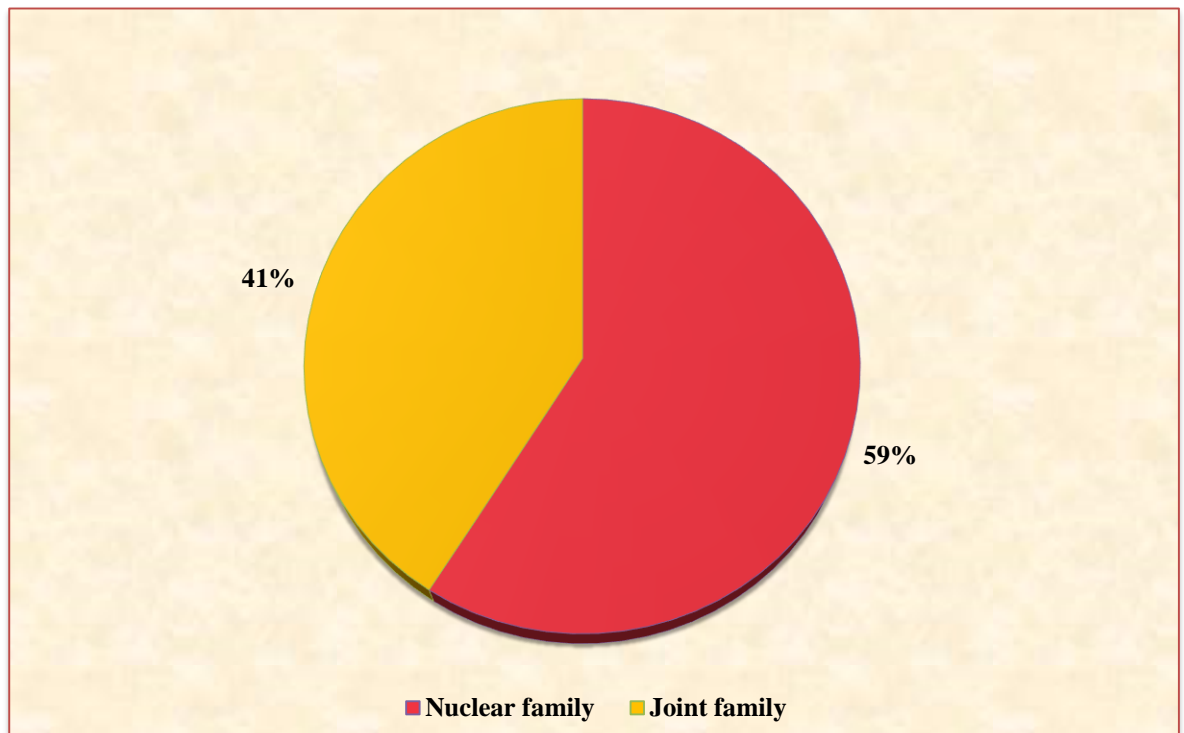


Figure 6: Pie diagram quotes the distribution of alcoholic patients according to their type of family

Majority 59 (59%) were belonged to nuclear family and 41 (41%) were belonged to joint family.

Distribution of subjects according to education

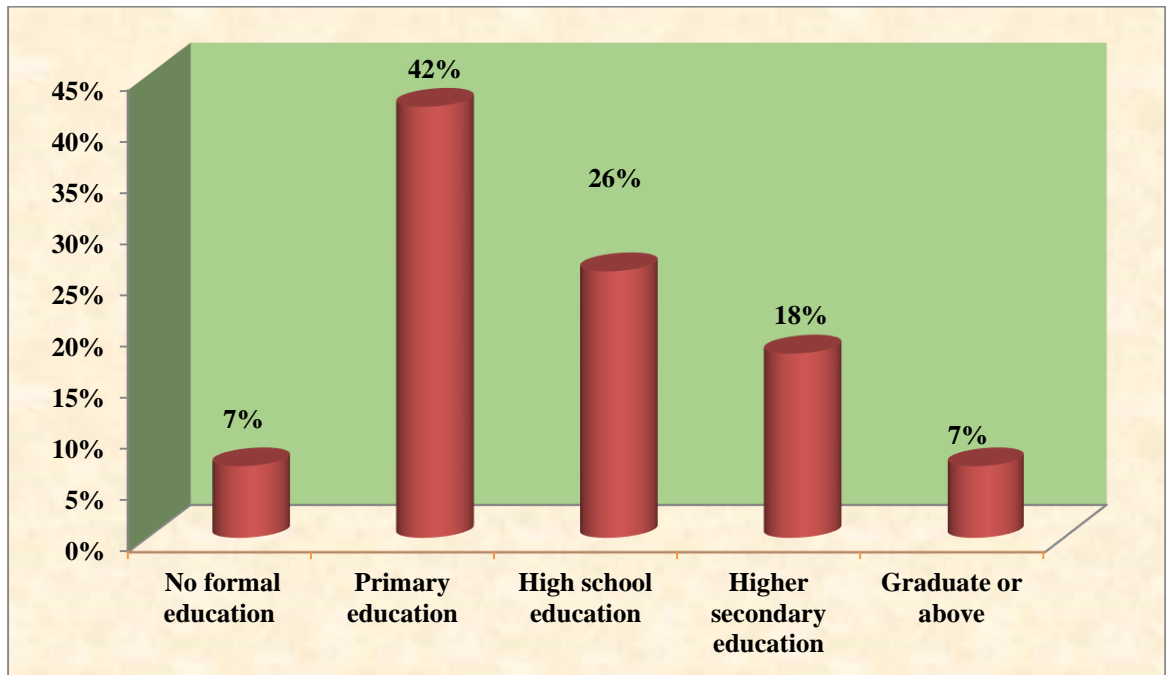


Figure 7: Cylindrical diagram discuss the distribution of alcoholic patients according to their educational status.

Majority 42 (42%) had studied up to primary education, 26 (26%) had studied up to high school education, 18 (18%) had studied up to higher secondary education, 7 (7%) had studied graduate or above and remaining 7 (7%) had no formal education.

Distribution of subjects according to occupation

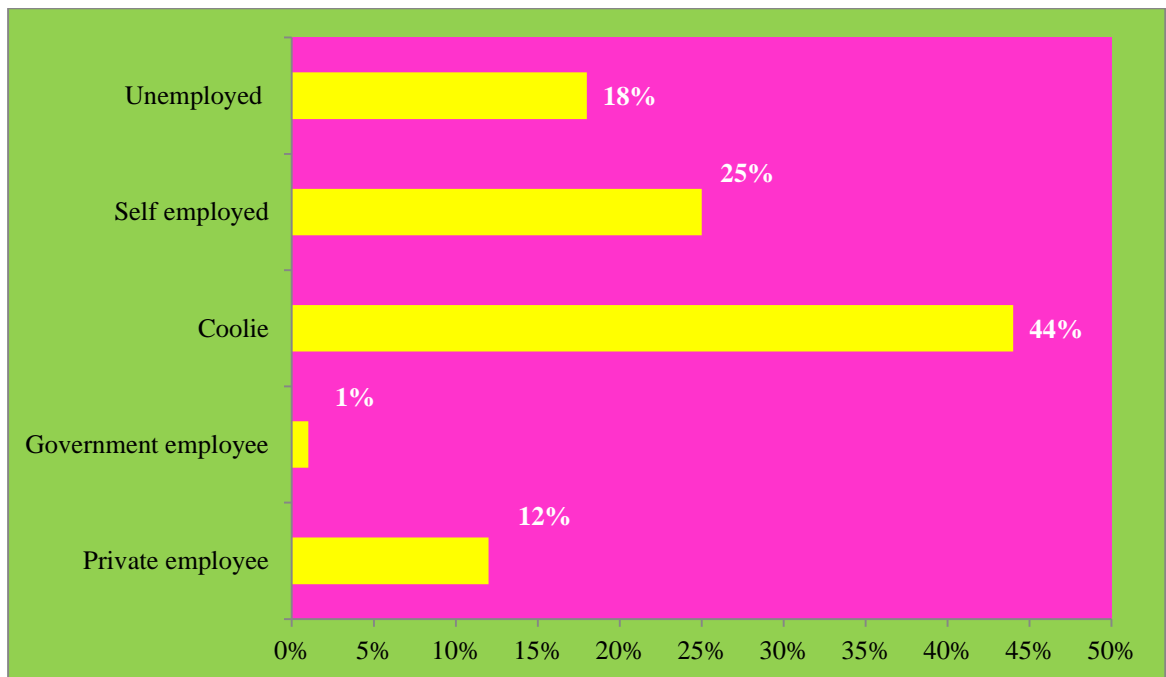


Figure 8: Bar diagram stating the distribution of alcoholic patients according to their occupational status.

Majority 44 (44%) patients were worked as coolie, 25 (25%) were self employed, 18 (18%) were unemployed, 12 (12%) were private employee and 1 (1%) were Government employee.

Distribution of subjects according to family income per month

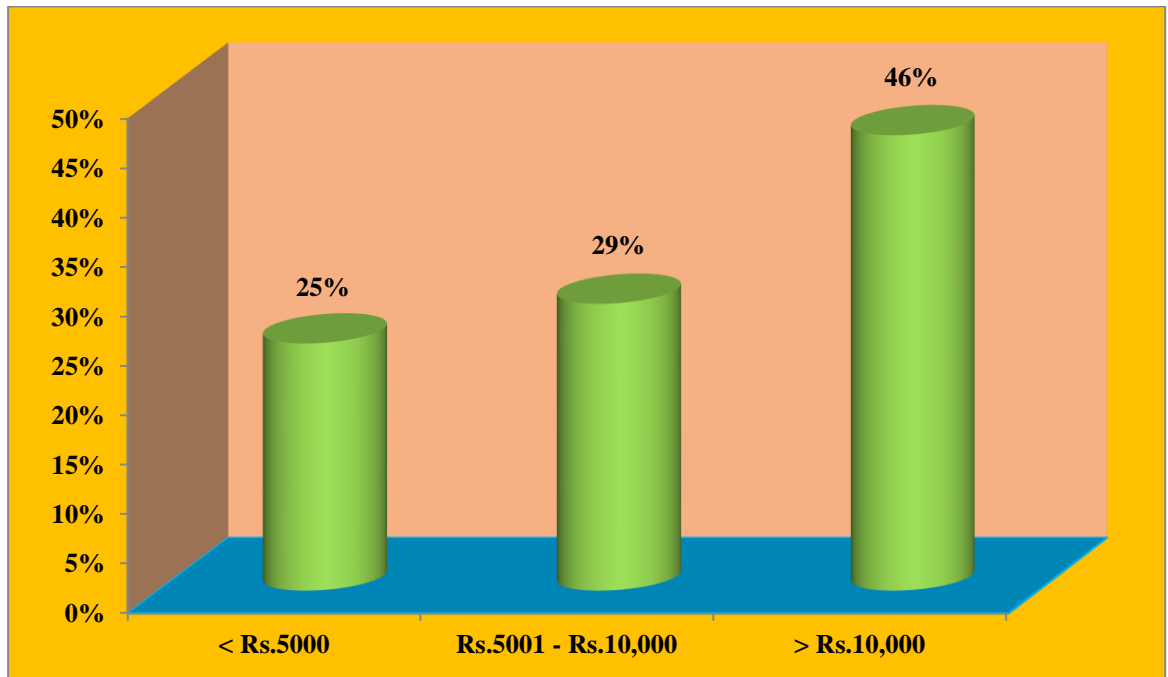


Figure 9: Cylinder diagram comparing the distribution of alcoholic patients according to their family income per month.

Majority 46 (46%) earned above Rs. 10,000, 29 (29%) earned between Rs.5001 – Rs.10,000 and 25 (25%) earned below Rs.5000

Distribution of subjects according to age at onset of drinking

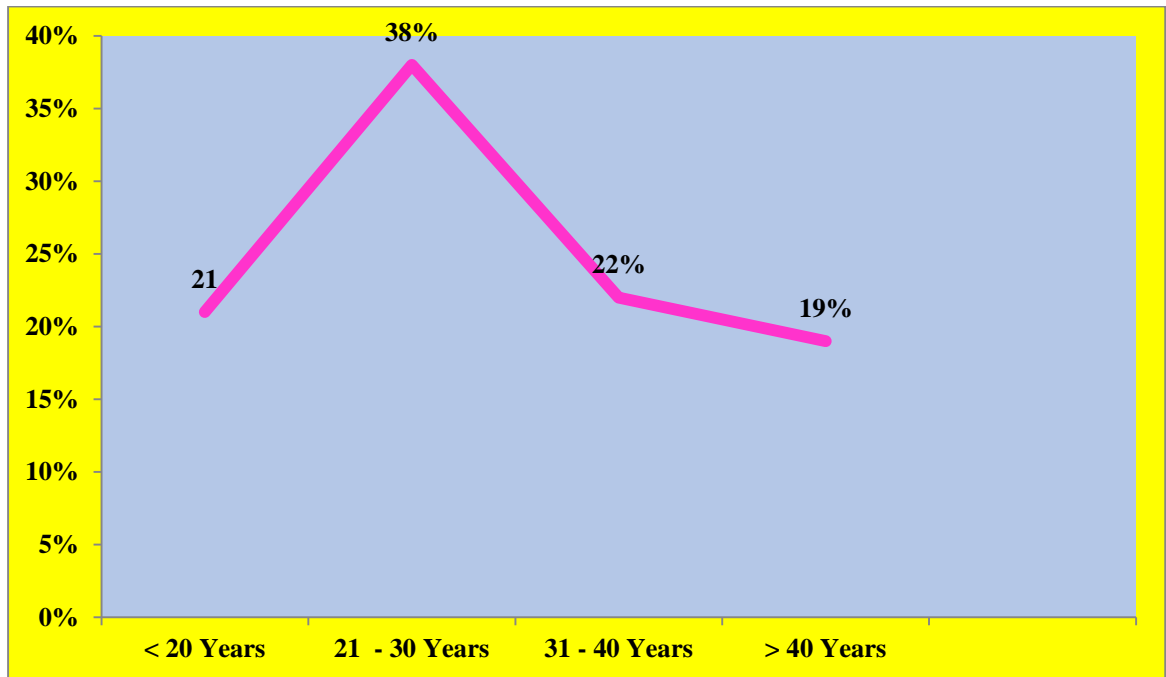


Figure 10: Line diagram comparing the distribution of alcoholic patients according to their age at onset of drinking

Majority 38 ((38%) were started to drink alcohol between 21 – 30 years, 22 (22%) were between 31 – 40 years, 21 (21%) were below 20 years and 19 (19%) were above 40 years.

Distribution of subjects according to duration of alcohol intake

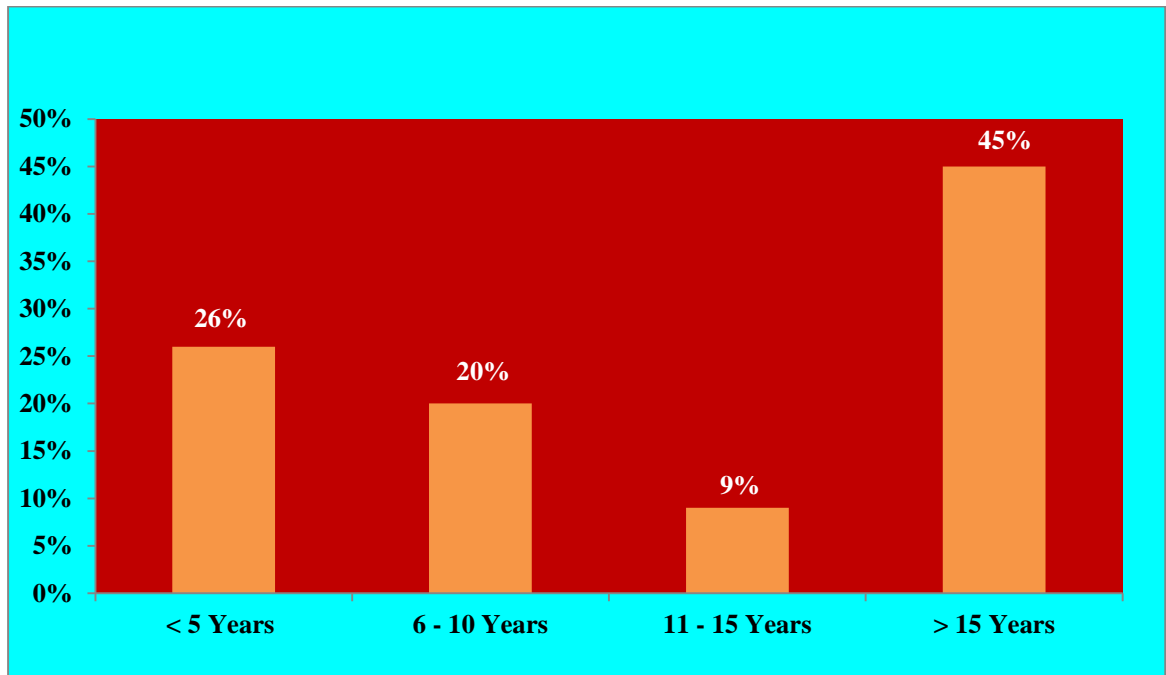


Figure 11: Bar diagram explains the distribution of alcoholic patients according to their duration of Alcohol intake

Majority 45 (45%) were taken alcohol for more than 15 years, 26 (26%) were taken alcohol for below 5 years, 20 (20%) were taken alcohol for the duration between 6 – 10 years and 9 (9%) were taken alcohol for less than 5 years.

Distribution of subjects according to alcohol use in a week

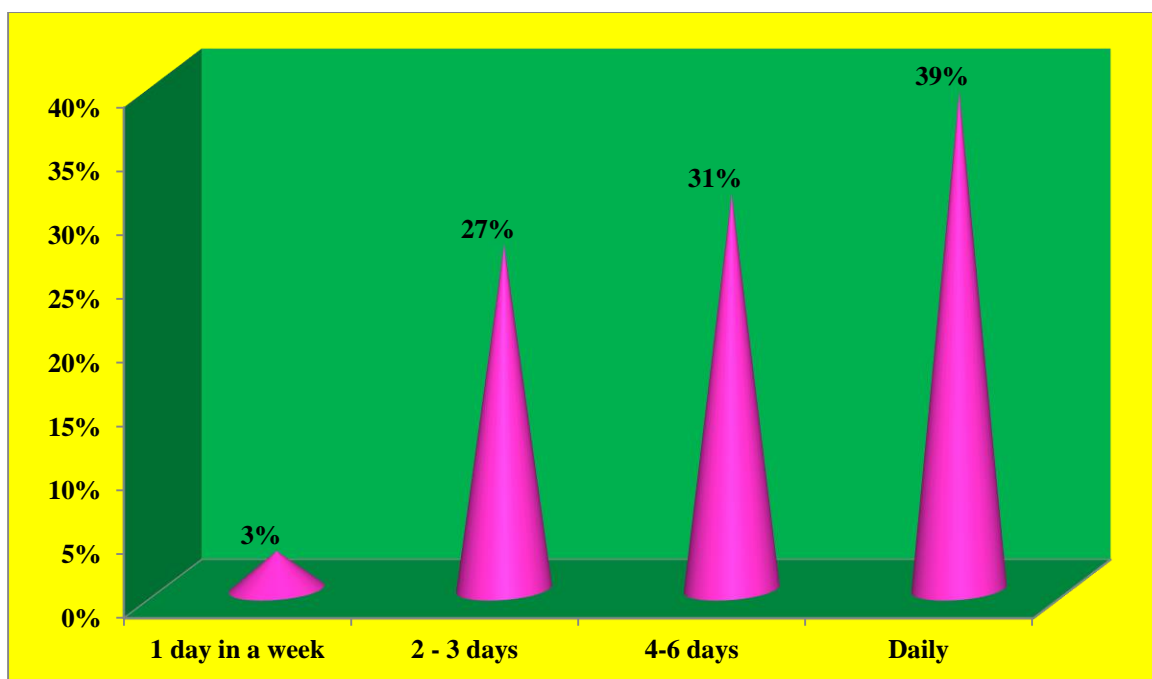


Figure 12: Cone diagram compare the distribution of alcoholic patients according to their Alcohol use in a week

Majority 39 (39%) were used alcohol daily, 31 (31%) were used alcohol between 4 – 6 times a week, 27 (27%) were used alcohol between 2-3 times a week and 3 (3%) were used alcohol once in a week.

Distribution of subjects according to quantity of alcohol consumption per day

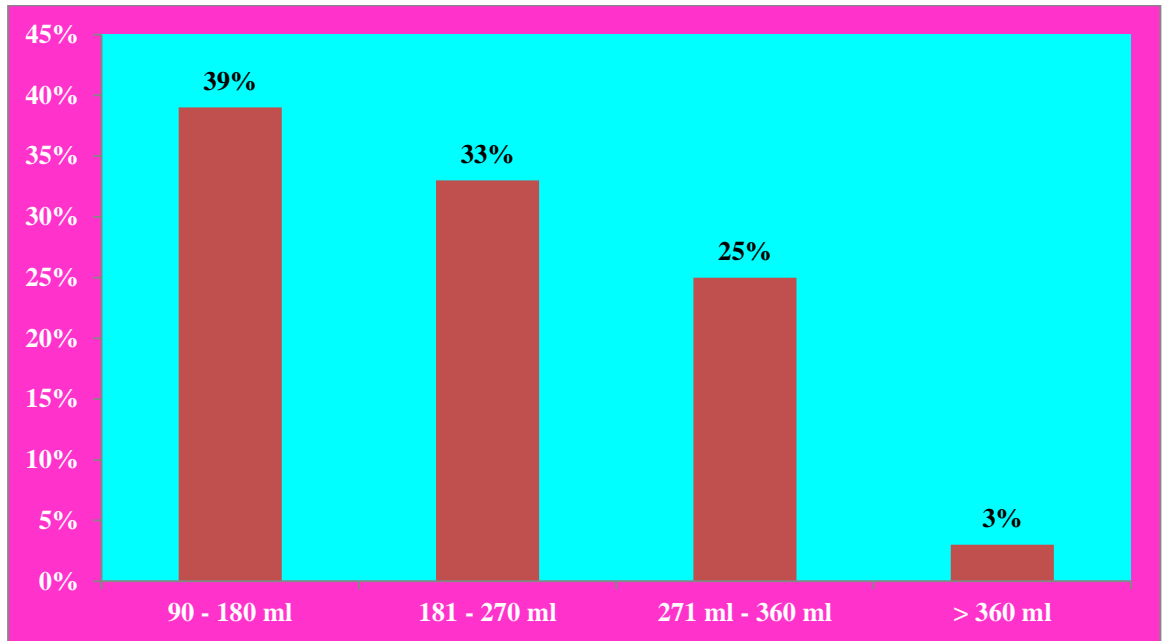


Figure 13: Bar diagram manifests the distribution of alcoholic patients according to their quantity of Alcohol consumption per day

Majority 39 (39%) were consumed 90 – 180 ml, 33 (33%) were consumed 181 – 270 ml, 25 (25%) were consumed 271 – 360 ml and 3 (3%) were consumed more than 360 ml of alcohol per day.

Distribution of subjects according to family history of alcohol drinking

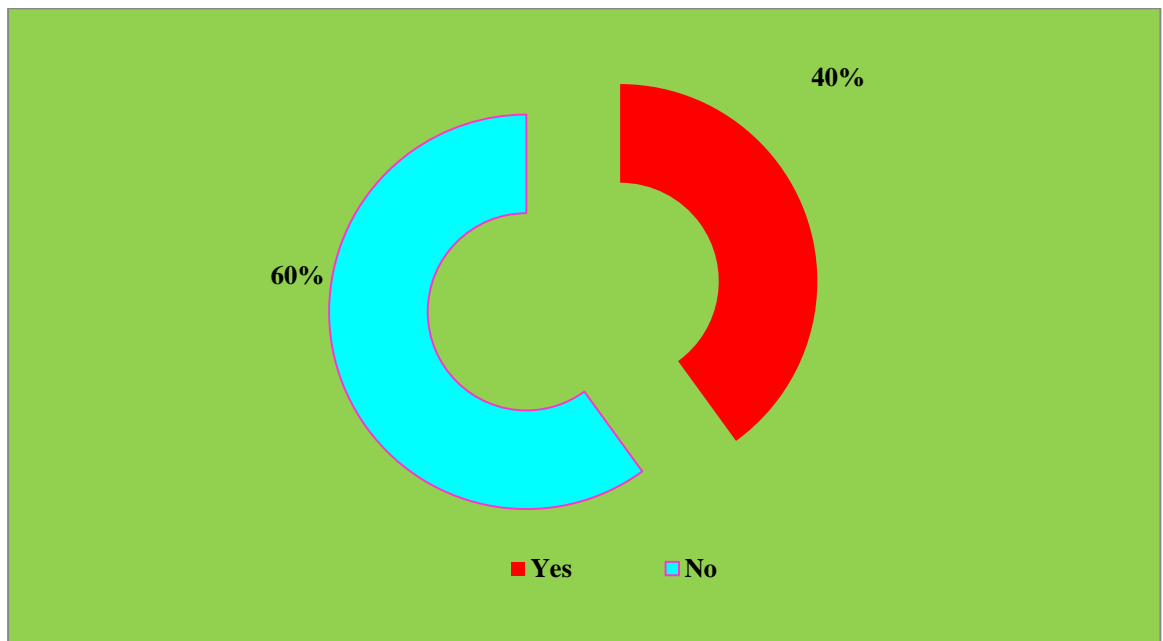


Figure 14: Doughnut diagram identifies the distribution of alcoholic patients according to their family history of Alcohol drinking.

Majority 60 (60%) had the family history of alcohol drinking while 40 (40%) had no family history of alcohol drinking.

Distribution of subjects according to history of abstinence from alcohol

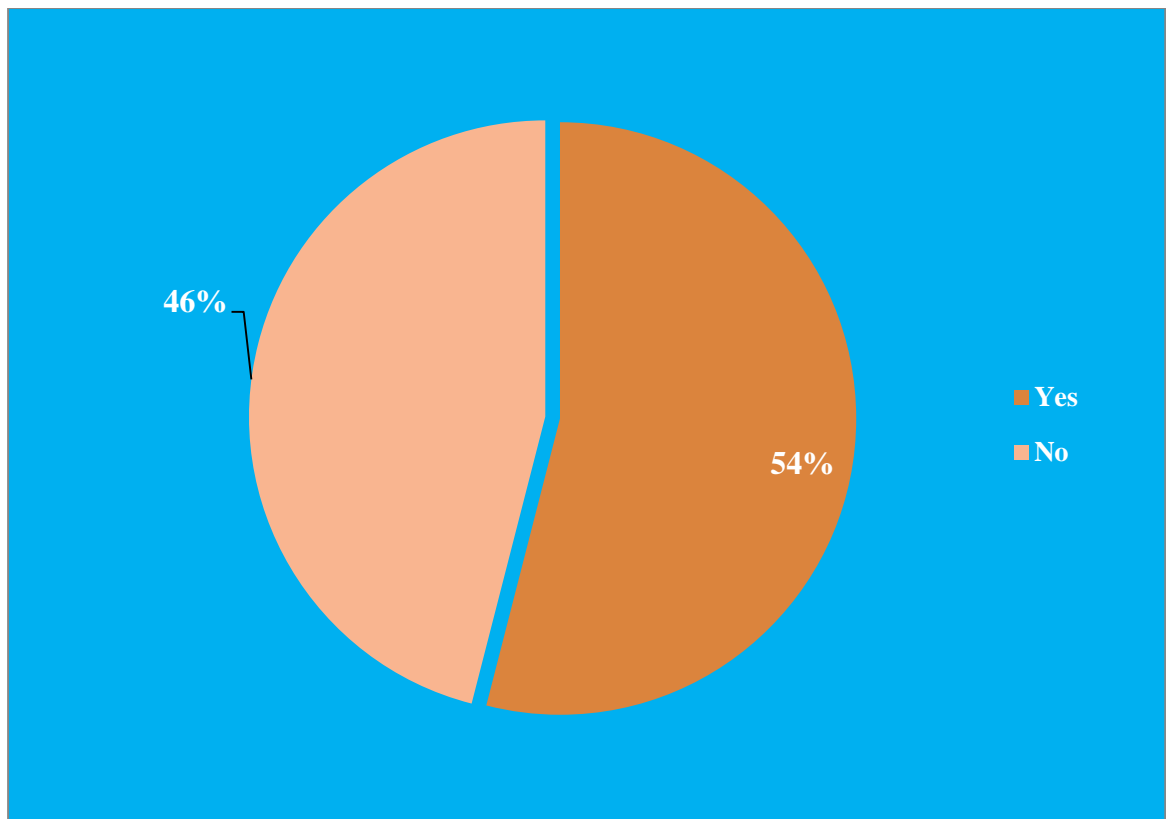


Figure 15: Pie diagram compare the distribution of alcoholic patients according to their history of abstinence from Alcohol

Majority 54 (54%) had the history of abstinence from alcohol where as 46 (46%) had no history of abstinence from alcohol.

Section II

Distribution of psychiatric morbidity among alcoholic patients

Table 2

Frequency and percentage distribution of psychiatric morbidity among alcoholic patients in psychiatric OPD at Govt. Rajaji Hospital, Madurai

n = 100

Psychiatric morbidity	f	%
Major depression	14	14
Dysthymic	1	1
Suicidality	30	30
Hypomanic	1	1
Panic disorder	0	0
Agoraphobia	1	1
Social anxiety	0	0
Obsessive compulsive disorder	0	0
Post traumatic stress disorder	0	0
Non alcoholic psychoactive substance use disorder	0	0
Anorexia nervosa	0	0
Bulimia nervosa	0	0
Psychotic disorder	7	7
Generalized anxiety disorder	10	10
Anti social personality disorder	3	3

Table 2 denotes majority 30 (30%) of alcoholic patients had suicidality, 14 (14%) had Major depression, 10 (10%) had Generalized anxiety disorder, 7 (7%) had psychotic disorders, 3 (3%) had Anti social personality disorder, 1 (1%) had dysthymia or hypomanic or agoraphobia and none of them had panic disorder, social anxiety, obsessive compulsive disorder, post traumatic stress disorder, non alcoholic psychoactive substance use disorder, anorexia nervosa or bulimia nervosa.

Distribution of psychiatric morbidity among alcoholic patients

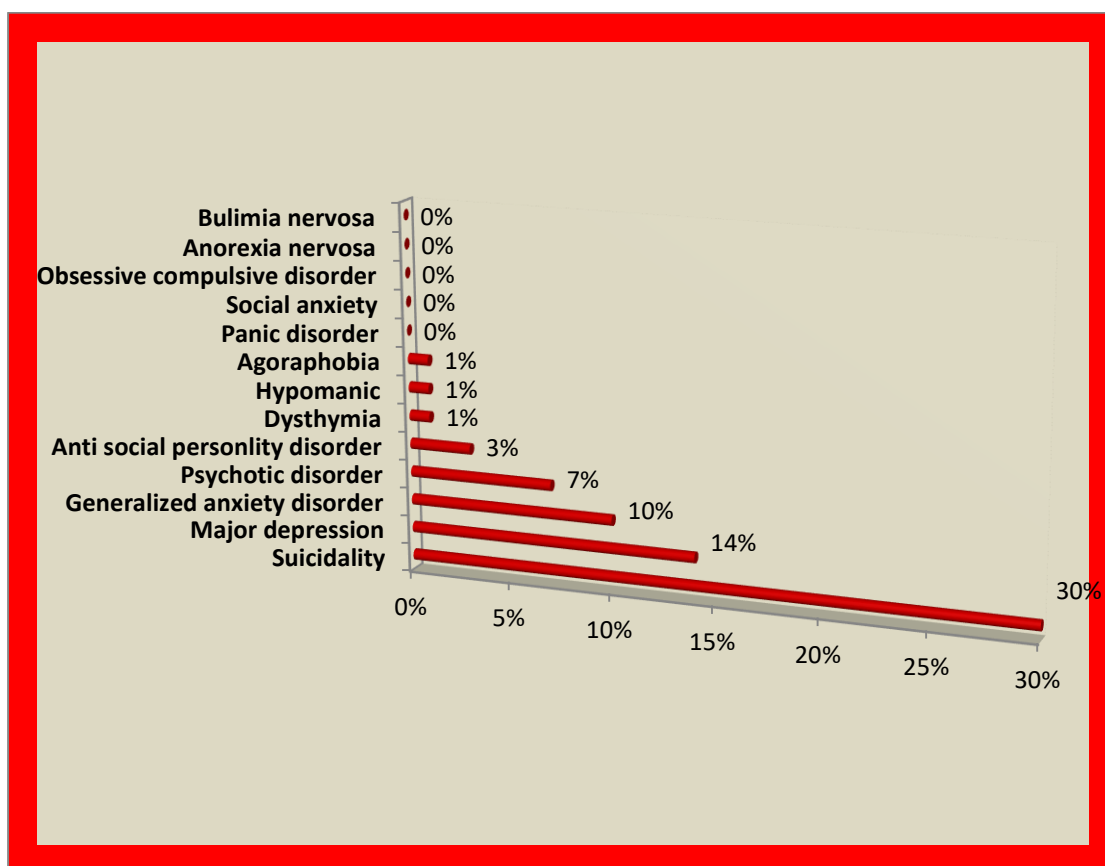


Figure 16: Bar diagram shows the distribution of psychiatric morbidity among alcoholic patients.

Majority 30 (30%) Alcoholic patients had suicidality, 14 (14%) had Major depression, 10 (10%) had Generalized anxiety disorder, 7 (7%) had psychotic disorders, 3 (3%) had Anti social personality disorder, 1 (1%) had dysthymia or hypomanic or Agoraphobia and none of them had panic disorder, social anxiety, obsessive compulsive disorder, post traumatic stress disorder, non alcoholic psychoactive substance use disorder, anorexia nervosa or bulimia nervosa.

Table 3: Distribution of psychiatric morbidity among alcoholic patients in various domains

n=100

Domain	f	%
Mood Disorders	16	16
Suicidality	30	30
Anxiety disorder	11	11
Others	10	10
Total	67	100.

Table 3 depicts the distribution of psychiatric morbidity among alcoholic patients in various domains. Majority 30 (30%) of alcoholic patients had suicidality, 16 (16%) had mood disorders {major depression (14, 14%), dysthymic (1, 1%), hypomanic (1, 1%)}, 11 (11%) had anxiety disorder {Agoraphobia (1, 1%), Genaralized anxiety disorder (10, 10% } and 10 (10%) {Psychotic disorder (7, 7%), Anti social personality disorder (3, 3%)} had other psychiatric morbidity disorder.

Distribution of psychiatric morbidity among alcoholic patients in various domains

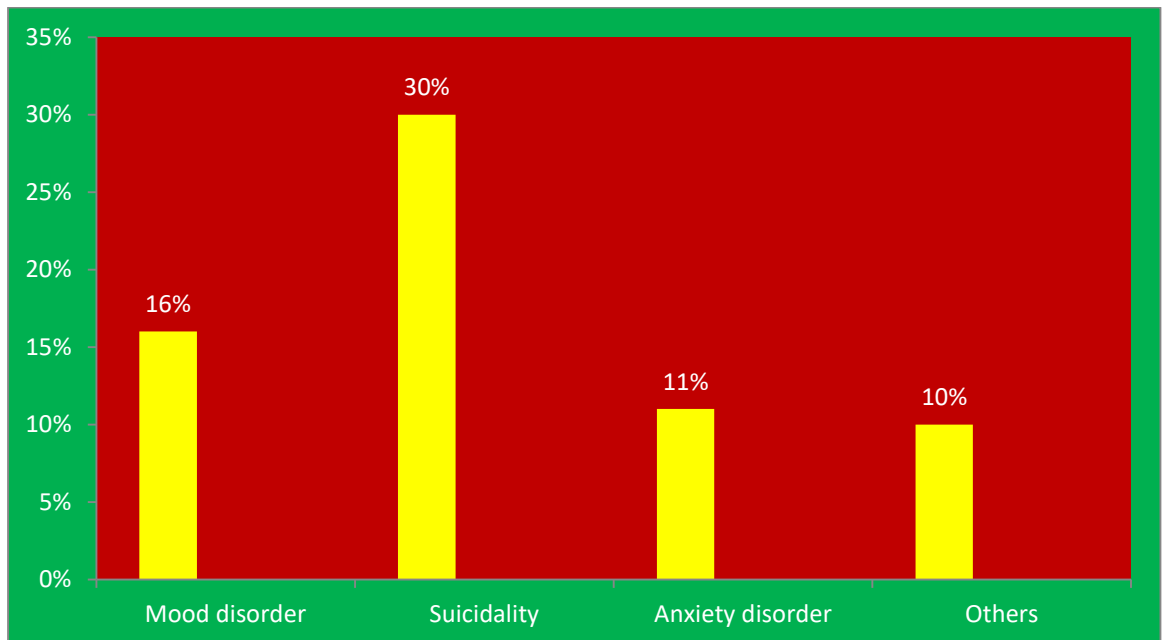


Figure 17: Distribution of psychiatric morbidity among alcoholic patients in various domains

Majority 30 (30%) of alcoholic patients had suicidality, 16 (16%) had mood disorders {major depression (14, 14%), dysthymic (1, 1%), hypomanic (1, 1%)}, 11 (11%) had anxiety disorder {Agoraphobia (1, 1%), Genaralized anxiety disorder (10, 10%)} and 10 (10%) {Psychotic disorder (7, 7%), Anti social personality disorder (3, 3%)} had other psychiatric morbidity disorder.

Table 4: Generalization of incidence of psychiatric morbidity among alcoholic patients

n=100

Total no. of alcoholics	Number of alcoholics with psychiatric morbidity	Incidence with 95% Confidence interval
100	67	67% (57.8%-76.2%)

The above table describes the incidence of psychiatric morbidity among alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai. Among 100 patients, 67 (67%) were psychiatric morbidity with 95% confidence interval (57.8% - 76.2%)

Section III

Association between the psychiatric morbidity among alcoholic patients with their selected socio demographic variables

Table 5

Association between the psychiatric morbidity among alcoholic patients with their selected socio demographic variables

n= 100

Socio demographic variables		Psychiatric morbidity				n	χ^2
		Yes (n=67)		No (n=33)			
		f	%	f	%		
Age	< 20 Years	1	1.5	1	3.0	2	$\chi^2=1.57$ P=0.81(NS)
	21 to 30 Years	13	19.4	5	15.2	18	
	31 to 40 Years	23	34.3	15	45.5	38	
	41 to 50 Years	20	29.9	8	24.2	28	
	> 50 Years	10	14.9	4	12.1	14	
Religion	Hindu	61	91.0	30	90.9	91	$\chi^2=0.90$ P=0.63(NS)
	Christian	2	3.0	2	6.1	4	
	Muslim	4	6.0	1	3.0	5	
Residence	Urban	17	25.4	9	27.3	26	$\chi^2=4.93$ P=0.08(NS)
	Rural	34	50.7	22	66.7	56	
	Sub urban	16	23.9	2	6.1	18	
Marital status	Unmarried	13	19.4	5	15.2	18	$\chi^2=6.19$ P=0.10(NS)
	Married	30	44.8	23	69.7	53	
	Separated	21	31.3	4	12.1	25	
	Divorced	3	4.5	1	3.0	4	
Type of family	Nuclear family	39	58.2	20	60.6	59	$\chi^2=0.05$ P=0.81(NS)
	Joint family	28	41.8	13	39.4	41	

Education	No formal Education	4	6.0	3	9.1	7	$\chi^2=5.33$ P=0.25(NS)
	Primary Education	33	49.3	9	27.3	42	
	High School education	16	23.9	10	30.3	26	
	Higher Secondary education	11	16.4	7	21.2	18	
	Graduate or above	3	4.5	4	12.1	7	
Occupation	Private employee	5	7.5	7	21.2	12	$\chi^2=5.26$ P=0.26(NS)
	Government employee	1	1.5	0	0.0	1	
	Coolie	31	46.3	13	39.4	44	
	Self employed	16	23.9	9	27.3	25	
	Unemployed	14	20.9	4	12.1	18	
Family income	< Rs.5000	20	29.9	5	15.2	25	$\chi^2=4.58$ P=0.10(NS)
	Rs.5001 - Rs.10,000	21	31.3	8	24.2	29	
	> Rs.10,000	26	38.8	20	60.6	46	
Age at onset of alcohol drinking	< 20 Yrs	15	22.4	6	18.2	21	$\chi^2=8.07$ P=0.05*(S)
	21 - 30 Yrs	30	44.8	8	24.2	38	
	31 - 40 Yrs	14	20.9	8	24.2	22	
	> 40 Yrs	8	11.9	11	33.3	19	
Duration of alcohol drinking	< 5 Yrs	11	16.4	15	45.5	26	$\chi^2=10.08$ P=0.02*(S)
	6 - 10 Yrs	14	20.9	6	18.2	20	
	11 - 15 Yrs	7	10.4	2	6.1	9	
	> 15 Yrs	35	52.2	10	30.3	45	
Alcohol use in a week	1 day in a week	1	1.5	2	6.1	3	$\chi^2=11.96$ P=0.01**(S)
	2 - 3 days	12	17.9	15	45.5	27	
	4 - 6 days	22	32.8	9	27.3	31	
	Daily	32	47.8	7	21.2	39	
Quantity of alcohol consumption per day	90 - 180 ml	16	23.9	23	69.7	39	$\chi^2=21.95$ P=0.01**(S)
	181 - 270 ml	25	37.3	8	24.2	33	
	271 - 360 ml	23	34.3	2	6.1	25	
	> 360 ml	3	4.5	0	0.0	3	

Family history of alcohol drinking	Yes	30	44.8	10	30.3	40	$\chi^2=1.93$
	No	37	55.2	23	69.7	60	$P=0.16(NS)$
History of abstinence from alcohol	Yes	34	50.7	20	60.6	54	$\chi^2=0.86$
	No	33	49.3	13	39.4	46	$P=0.35(NS)$

* significant $P \leq 0.05$

** significant $P \leq 0.01$

Table 5 shows the association between the psychiatric morbidity among alcoholic patients with their socio demographic variables.

The Chi square test revealed that there was significant association between psychiatric morbidity and age at onset of alcohol drinking ($\chi^2=8.07$), ($P=0.05$), duration of alcohol drinking ($\chi^2=10.08$), ($P=0.02$), alcohol use in a week ($\chi^2=11.96$), ($P=0.01$) and quantity of alcohol consumption per day ($\chi^2=21.95$), ($P=0.01$) (i.e., **age between 21-30 years with duration of more than 15 years, daily alcohol using patients and those who practiced to consuming alcohol approximately 181 – 270 ml per day**). Other variables in the alcoholic patients were not statistically associated with their selected socio demographic variables.

**Association between the psychiatric morbidity among alcoholic patients
with their selected socio demographic variables**

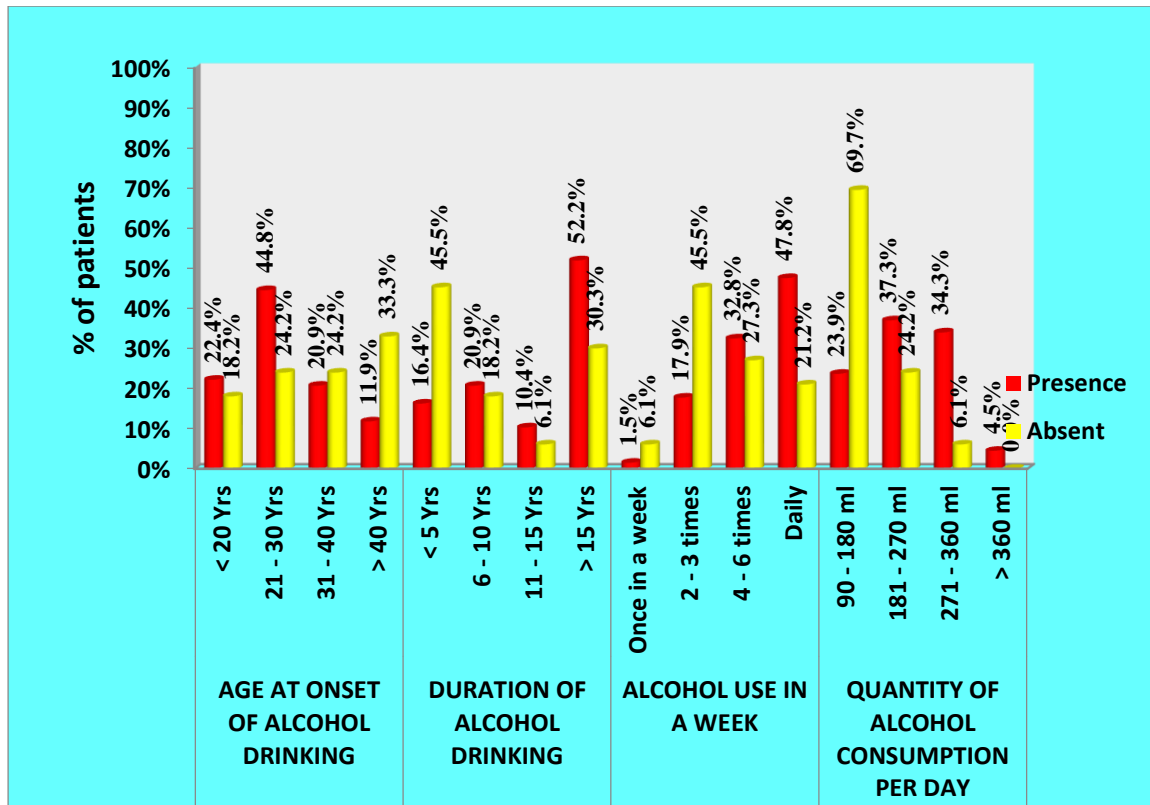


Figure 18: Association between the psychiatric morbidity among alcoholic patients with their selected socio demographic variables

Majority of the alcoholic patients started alcoholism at the age between 21-30 years (30, 44.8%) with duration of more than 15 years (35, 52.2%), daily alcohol using patients (32, 47.8%) and those who practiced to consuming alcohol approximately 181 – 270 (25, 37.3%) ml per day.

Table 6: Association between the psychiatric morbidity of mood disorder among alcoholic patients with their selected socio demographic variables

n=100

Socio demographic variables		Mood disorder				n	χ^2
		Yes		No			
		(n=16)		(n=84)			
		f	%	f	%		
Age	< 20 Years	0	0.0	2	2.4	2	$\chi^2=2.41$ P=0.66(NS)
	21 to 30 Years	2	12.5	16	19.0	18	
	31 to 40 Years	6	37.5	32	38.1	38	
	41 to 50 Years	4	25.0	24	28.6	28	
	> 50 Years	4	25.0	10	11.9	14	
Religion	Hindu	14	87.5	77	91.7	91	$\chi^2=0.32$ P=0.84(NS)
	Christian	1	6.3	3	3.6	4	
	Muslim	1	6.3	4	4.8	5	
Residence	Urban	3	18.8	23	27.4	26	$\chi^2=2.36$ P=0.30(NS)
	Rural	8	50.0	48	57.1	56	
	Sub urban	5	31.3	13	15.5	18	
Marital status	Unmarried	2	12.5	16	19.0	18	$\chi^2=2.30$ P=0.51(NS)
	Married	8	50.0	45	53.6	53	
	Separated	6	37.5	19	22.6	25	
	Divorced	0	0.0	4	4.8	4	
Type of family	Nuclear family	5	31.3	54	64.3	59	$\chi^2=6.06$ P=0.02*(S)
	Joint family	11	68.7	30	35.7	41	
Education	No formal Education	1	6.3	6	7.1	7	$\chi^2=1.88$ P=0.75(NS)
	Primary Education	7	43.8	35	41.7	42	
	High School education	4	25.0	22	26.2	26	
	Higher Secondary education	4	25.0	14	16.7	18	
	Graduate or above	0	0.0	7	8.3	7	

Occupation	Private employee	2	12.5	10	11.9	12	$\chi^2=12.03$ $P=0.02^*(S)$
	Government employee	1	6.2	0	0.0	1	
	Coolie	3	18.8	41	48.8	44	
	Self employed	4	25.0	21	25.0	25	
	Unemployed	6	37.5	12	14.3	18	
Family income	< Rs.5000	5	31.3	20	23.8	25	$\chi^2=0.42$ $P=0.80(NS)$
	Rs.5001 - Rs.10,000	4	25.0	25	29.8	29	
	> Rs.10,000	7	43.8	39	46.4	46	
Age at onset of alcohol drinking	< 20 Yrs	1	6.3	20	23.8	21	$\chi^2=9.41$ $P=0.02^*(S)$
	21 - 30 Yrs	5	31.3	33	39.3	38	
	31 - 40 Yrs	8	50.0	14	16.7	22	
	> 40 Yrs	2	12.5	17	20.2	19	
Duration of alcohol drinking	< 5 Yrs	3	18.8	23	27.4	26	$\chi^2=0.76$ $P=0.85(NS)$
	6 - 10 Yrs	3	18.8	17	20.2	20	
	11 - 15 Yrs	2	12.5	7	8.3	9	
	> 15 Yrs	8	50.0	37	44.0	45	
Alcohol use in a week	1 day in a week	0	0.0	3	3.6	3	$\chi^2=2.90$ $P=0.40(NS)$
	2 - 3 days	2	12.5	25	29.8	27	
	4 - 6 days	6	37.5	25	29.8	31	
	Daily	8	50.0	31	36.9	39	
Quantity of alcohol consumption per day	90 - 180 ml	3	18.8	36	42.9	39	$\chi^2=3.63$ $P=0.30(NS)$
	181 - 270 ml	7	43.8	26	31.0	33	
	271 - 360 ml	5	31.3	20	23.8	25	
	> 360 ml	1	6.3	2	2.4	3	
Family history of alcohol drinking	Yes	4	25.0	36	42.9	40	$\chi^2=1.78$ $P=0.18(NS)$
	No	12	75.0	48	57.1	60	
History of abstinence from alcohol	Yes	10	62.5	44	52.4	54	$\chi^2=0.55$ $P=0.45(NS)$
	No	6	37.5	40	47.6	46	

* significant $P \leq 0.05$

The above table 6 shows the association between psychiatric morbidity of mood disorder among alcoholic patients with their selected socio demographic variables

Chi square test analysis revealed that there was significant association between psychiatric morbidity of mood disorder and type of family ($\chi^2=6.06$), ($P=0.02$), occupation ($\chi^2=12.03$), ($P=0.02$) and age at onset of alcohol drinking ($\chi^2=9.41$), ($P=0.02$) (i.e., **alcoholic patients lived in joint family with history of unemployed status and started to practice alcoholism at the age between 31 – 40 years**). Other variables in the alcoholic patients were not statistically associated with their selected socio demographic variables.

Association between the psychiatric morbidity of mood disorder among alcoholic patients with their selected socio demographic variables

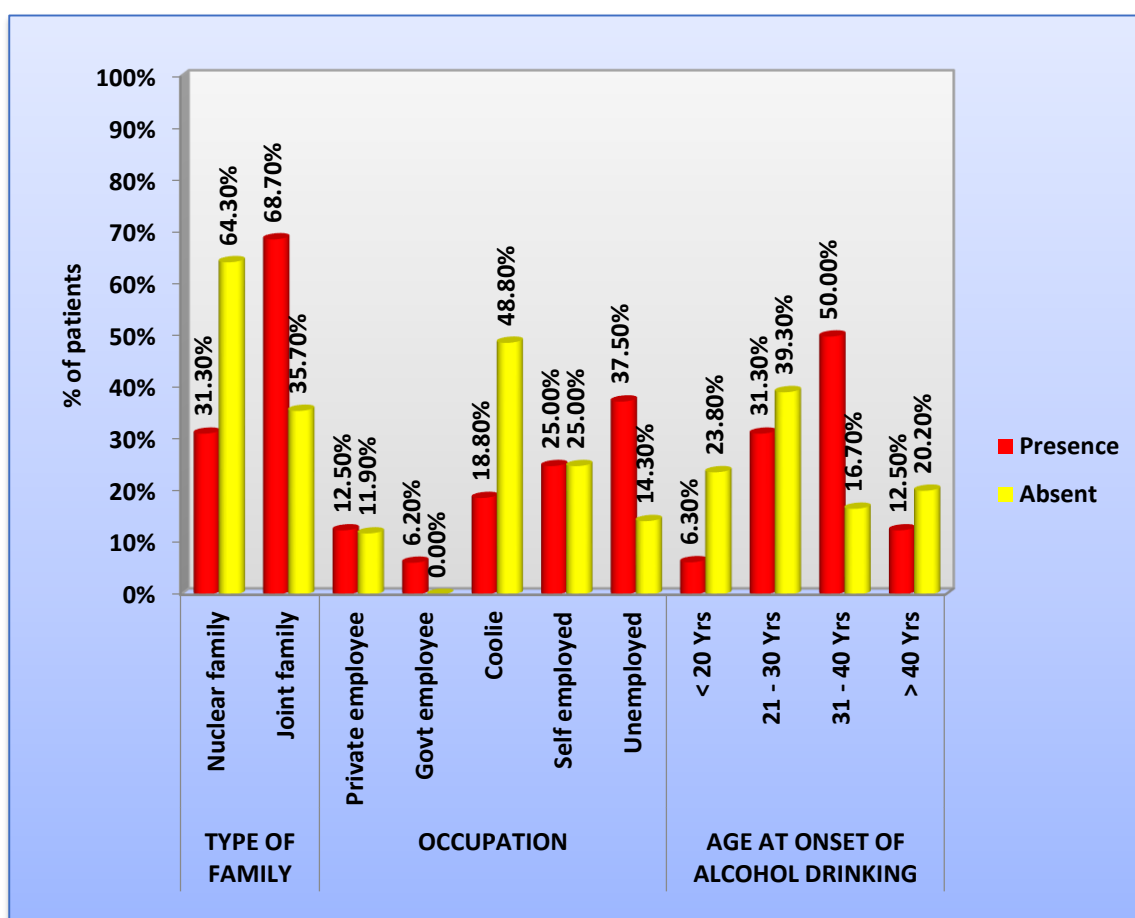


Figure 19: Association between the psychiatric morbidity of mood disorder among alcoholic patients with their selected socio demographic variables

Majority of alcoholic patients with psychiatric morbidity of mood disorder were lived in joint family (11, 68.7%) with history of unemployed status (6, 37.5%) and started to practice alcoholism at the age between 31 – 40 years (8, 50%).

Table 7: Association between the psychiatric morbidity of suicidality disorder among alcoholic patients and their selected socio demographic variables

n=100

Socio demographic variables		Suicidality				n	χ^2
		Yes		No			
		(n=30)		(n=70)			
		f	%	f	%		
Age	< 20 Years	1	3.3	1	1.4	2	$\chi^2=1.85$ P=0.76(NS)
	21 to 30 Years	7	23.3	11	15.7	18	
	31 to 40 Years	10	33.3	28	40.0	38	
	41 to 50 Years	9	30.0	19	27.1	28	
	> 50 Years	3	10.0	11	15.7	14	
Religion	Hindu	28	93.3	63	90.0	91	$\chi^2=1.97$ P=0.36(NS)
	Christian	0	0.0	4	5.7	4	
	Muslim	2	6.7	3	4.3	5	
Residence	Urban	7	23.3	19	27.1	26	$\chi^2=2.18$ P=0.33(NS)
	Rural	15	50.0	41	58.6	56	
	Sub urban	8	26.7	10	14.3	18	
Marital status	Unmarried	7	23.3	11	15.7	18	$\chi^2=3.28$ P=0.35(NS)
	Married	12	40.0	41	58.6	53	
	Separated	10	33.3	15	21.4	25	
	Divorced	1	3.3	3	4.3	4	
Type of family	Nuclear family	23	76.7	36	51.4	59	$\chi^2=5.53$ P=0.02*(S)
	Joint family	7	23.3	34	48.6	41	
Education	No formal Education	2	6.7	5	7.1	7	$\chi^2=1.10$ P=0.89(NS)
	Primary Education	14	46.7	28	40.0	42	
	High School education	8	26.7	18	25.7	26	
	Higher Secondary education	5	16.7	13	18.6	18	
	Graduate or above	1	3.3	6	8.6	7	

Occupation	Private employee	1	3.3	11	15.7	12	$\chi^2=4.76$ P=0.31(NS)
	Government employee	0	0.0	1	1.4	1	
	Coolie	17	56.7	27	38.6	44	
	Self employed	7	23.3	18	25.7	25	
	Unemployed	5	16.7	13	18.6	18	
Family income	< Rs.5000	9	30.0	16	22.9	25	$\chi^2=0.90$ P=0.63(NS)
	Rs.5001 - Rs.10,000	7	23.3	22	31.4	29	
	> Rs.10,000	14	46.7	32	45.7	46	
Age at onset of alcohol drinking	< 20 Yrs	9	30.0	12	17.1	21	$\chi^2=7.90$ P=0.04*(S)
	21 - 30 Yrs	15	50.0	23	32.9	38	
	31 - 40 Yrs	3	10.0	19	27.1	22	
	> 40 Yrs	3	10.0	16	22.9	19	
Duration of alcohol drinking	< 5 Yrs	6	20.0	20	28.6	26	$\chi^2=1.62$ P=0.65(NS)
	6 - 10 Yrs	8	26.7	12	17.1	20	
	11 - 15 Yrs	3	10.0	6	8.6	9	
	> 15 Yrs	13	43.3	32	45.7	45	
Alcohol use in a week	1 day in a week	0	0.0	3	4.3	3	$\chi^2=3.40$ P=0.33(NS)
	2 - 3 days	6	20.0	21	30.0	27	
	4 - 6 days	9	30.0	22	31.4	31	
	Daily	15	50.0	24	34.3	39	
Quantity of alcohol consumption per day	90 - 180 ml	8	26.7	31	44.3	39	$\chi^2=2.75$ P=0.43(NS)
	181 - 270 ml	12	40.0	21	30.0	33	
	271 - 360 ml	9	30.0	16	22.9	25	
	> 360 ml	1	3.3	2	2.9	3	
Family history of alcohol drinking	Yes	17	56.7	23	32.9	40	$\chi^2=4.96$ P=0.02*(S)
	No	13	43.3	47	67.1	60	
History of abstinence from alcohol	Yes	11	36.7	43	61.4	54	$\chi^2=5.18$ P=0.03*(S)
	No	19	63.3	27	38.6	46	

* significant $P \leq 0.05$

Table 7 shows the association between psychiatric morbidity of suicidality disorder among alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai with their socio demographic variables.

Chi square test analysis revealed that there was significant association between psychiatric morbidity of suicidality and type of family ($\chi^2=5.53$), ($P=0.02$), age at onset of alcohol drinking ($\chi^2=7.90$), ($P=0.04$), family history of alcohol drinking ($\chi^2=4.96$), ($P=0.02$) and history of abstinence from alcohol ($\chi^2=5.18$), ($P=0.03$) (i.e., **Alcoholic patients lived in nuclear family , started to practice alcoholism at the age between 21 – 30 years with the family history of alcoholism and no history of abstinence from alcoholism**). Other variables in the alcoholic patients were not statistically associated with their selected socio demographic variables.

**Association between the psychiatric morbidity of suicidality disorder
among alcoholic patients with their selected socio demographic variables**

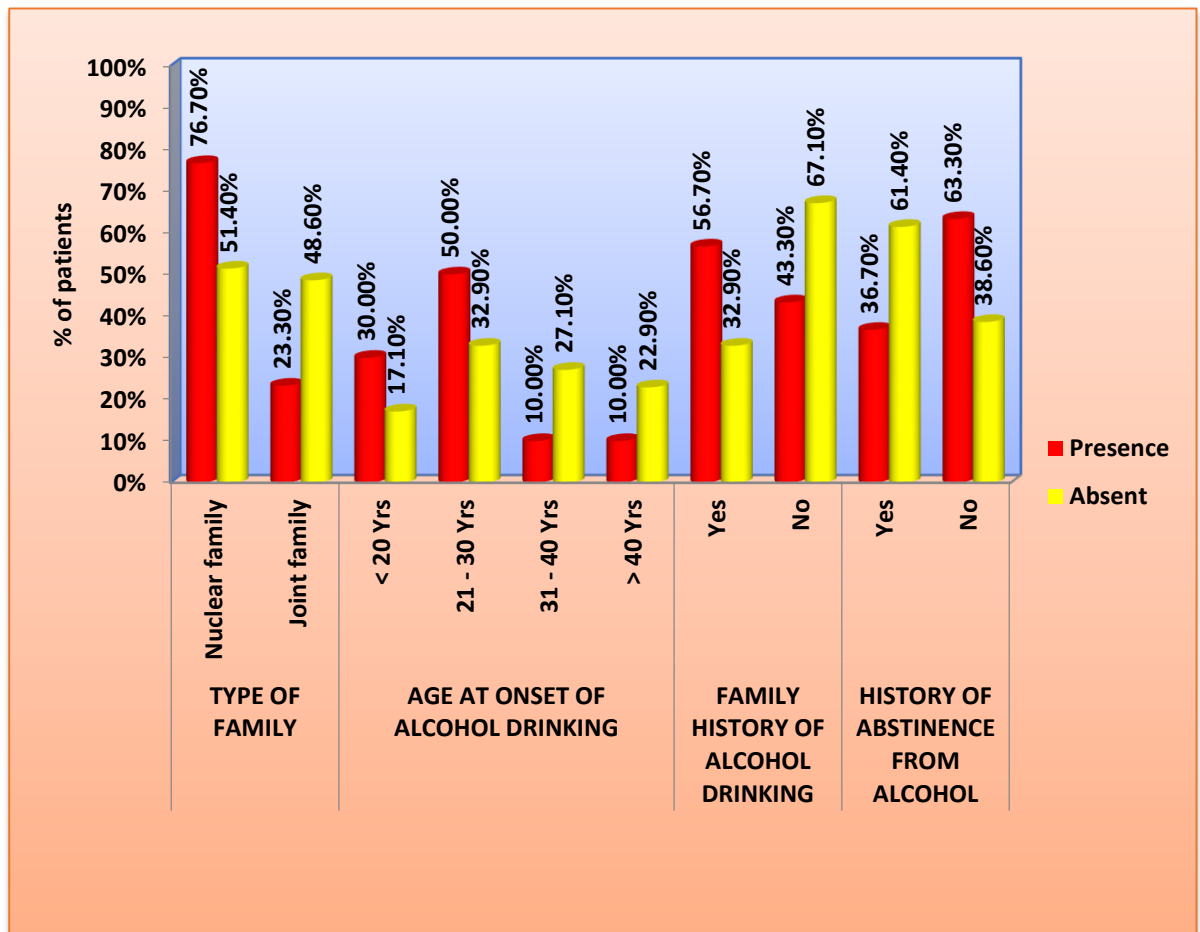


Figure 20: Association between the psychiatric morbidity of suicidality disorder among alcoholic patients and their selected socio demographic variables

Majority of Alcoholic patients with psychiatric morbidity of suicidality disorder were lived in nuclear family (23, 76.7%), started to practice alcoholism at the age between 21 – 30 years (15, 50%), with the family history of alcoholism (17, 56.7%) and no history of abstinence from alcoholism (19, 63.3%).

Table 8: Association between the psychiatric morbidity of Anxiety disorders among alcoholic patients and their selected socio demographic variables

n=100

Socio demographic variables		Anxiety disorder				n	χ^2
		Yes (n=11)		No (n=89)			
		f	%	f	%		
Age	< 20 Years	0	0.0	2	2.2	2	$\chi^2=2.35$ P=0.67(NS)
	21 to 30 Years	1	9.1	17	19.1	18	
	31 to 40 Years	4	36.4	34	38.2	38	
	41 to 50 Years	3	27.3	25	28.1	28	
	> 50 Years	3	27.3	11	12.4	14	
Religion	Hindu	9	81.8	82	92.1	91	$\chi^2=1.32$ P=0.51(NS)
	Christian	1	9.1	3	3.4	4	
	Muslim	1	9.1	4	4.5	5	
Residence	Urban	7	63.6	19	21.3	26	$\chi^2=9.10$ P=0.01**(S)
	Rural	3	27.3	53	59.6	56	
	Sub urban	1	9.1	17	19.1	18	
Marital status	Unmarried	1	9.1	17	19.1	18	$\chi^2=1.83$ P=0.60(NS)
	Married	7	63.6	46	51.7	53	
	Separated	2	18.2	23	25.8	25	
	Divorced	1	9.1	3	3.4	4	
Type of family	Nuclear family	5	45.5	54	60.7	59	$\chi^2=0.93$ P=0.33(NS)
	Joint family	6	54.5	35	39.3	41	
Education	No formal Education	1	9.1	6	6.7	7	$\chi^2=3.15$ P=0.52(NS)
	Primary Education	7	63.6	35	39.3	42	
	High School education	2	18.2	24	27.0	26	
	Higher Secondary education	1	9.1	17	19.1	18	
	Graduate or above	0	0.0	7	7.9	7	

Occupation	Private employee	0	0.0	12	13.5	12	$\chi^2=2.92$ P=0.57(NS)
	Government employee	0	0.0	1	1.1	1	
	Coolie	7	63.6	37	41.6	44	
	Self employed	2	18.2	23	25.8	25	
	Unemployed	2	18.2	16	18.0	18	
Family income	< Rs.5000	3	27.3	22	24.7	25	$\chi^2=8.79$ P=0.01**(S)
	Rs.5001 - Rs.10,000	7	63.6	22	24.7	29	
	> Rs.10,000	1	9.1	45	50.6	46	
Age at onset of alcohol drinking	< 20 Yrs	3	27.3	18	20.2	21	$\chi^2=0.76$ P=0.85(NS)
	21 - 30 Yrs	3	27.3	35	39.3	38	
	31 - 40 Yrs	3	27.3	19	21.3	22	
	> 40 Yrs	2	18.2	17	19.1	19	
Duration of alcohol drinking	< 5 Yrs	0	0.0	26	27.1	26	$\chi^2=12.38$ P=0.01**(S)
	6 - 10 Yrs	0	0.0	20	22.5	20	
	11 - 15 Yrs	3	27.3	6	6.8	9	
	> 15 Yrs	8	72.7	37	41.6	45	
Alcohol use in a week	1 day in a week	1	9.1	2	2.2	3	$\chi^2=3.15$ P=0.36(NS)
	2 - 3 days	2	18.2	25	28.1	27	
	4 - 6 days	5	45.5	26	29.2	31	
	Daily	3	27.3	36	40.4	39	
Quantity of alcohol consumption per day	90 - 180 ml	4	36.4	35	39.3	39	$\chi^2=0.46$ P=0.92(NS)
	181 - 270 ml	4	36.4	29	32.6	33	
	271 - 360 ml	3	27.3	22	24.7	25	
	> 360 ml	0	0.0	3	3.4	3	
Family history of alcohol drinking	Yes	4	36.4	36	40.4	40	$\chi^2=0.06$ P=0.79(NS)
	No	7	63.6	53	59.6	60	
History of abstinence from alcohol	Yes	8	72.7	46	51.7	54	$\chi^2=1.78$ P=0.18(NS)
	No	3	27.3	43	48.3	46	

** significant $P \leq 0.01$

Table 8 shows the association between psychiatric morbidity of Anxiety disorders among alcoholic patients and their selected socio demographic variables

Chi square test analysis revealed there was significant association between psychiatric morbidity of anxiety disorder and residence ($\chi^2=9.10$), ($P=0.01$), family income between per month ($\chi^2=8.79$), ($P=0.01$) and duration of alcohol intake ($\chi^2=12.38$), ($P=0.01$) (i.e., **alcoholic patients lived in urban area with family income per month between Rs.5001 – Rs.10, 000 and their duration of alcoholism more than 15 years**). Other variables in the alcoholic patients were not statistically associated with their selected socio demographic variables.

Association between the psychiatric morbidity of anxiety disorder among alcoholic patients with their selected socio demographic variables

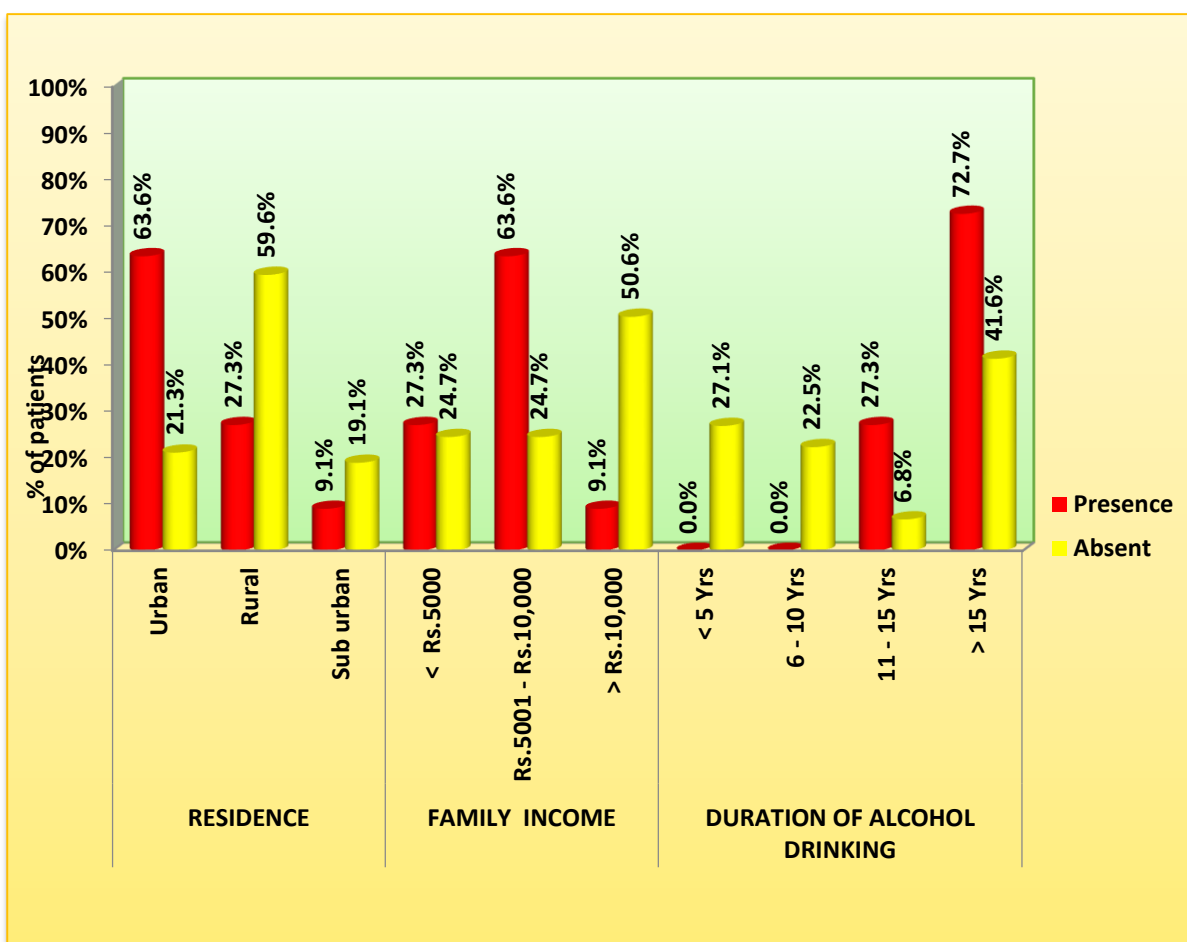


Figure 21: Association between the psychiatric morbidity of Anxiety disorders among alcoholic patients and their selected socio demographic variables

Majority of alcoholic patients with psychiatric morbidity of anxiety disorders were lived in urban area (7, 63. 6%), with family income per month between Rs.5001 – Rs.10,000 (7, 63.6%) and their duration of alcoholism more than 15 years (8, 72.7%).

Table 9: Association between the psychiatric morbidity of psychotic and personality disorder among alcoholic patients with their selected socio demographic variables

n=100

Socio demographic variables		Other psychiatric morbidity				n	χ ²
		Yes (n=7)		No (n=93)			
		f	%	f	%		
Age	< 20 Years	0	0.0	2	2.2	2	χ ² =3.42 P=0.48(NS)
	21 to 30 Years	3	30.0	15	16.7	18	
	31 to 40 Years	3	30.0	35	38.9	38	
	41 to 50 Years	4	40.0	24	26.7	28	
	> 50 Years	0	0.0	14	15.6	14	
Religion	Hindu	10	100.0	81	90.0	91	χ ² =1.09 P=0.57(NS)
	Christian	0	0.0	4	4.4	4	
	Muslim	0	0.0	5	5.6	5	
Residence	Urban	1	10.0	25	27.8	26	χ ² =1.50 P=0.47(NS)
	Rural	7	70.0	49	54.4	56	
	Sub urban	2	20.0	16	17.8	18	
Marital status	Unmarried	3	30.0	15	16.7	18	χ ² =3.10 P=0.37(NS)
	Married	3	30.0	50	55.6	53	
	Separated	3	30.0	22	24.4	25	
	Divorced	1	10.0	3	3.3	4	
Type of family	Nuclear family	5	50.0	54	60.0	59	χ ² =0.37 P=0.54(NS)
	Joint family	5	50.0	36	40.0	41	
Education	No formal Education	0	0.0	7	7.8	7	χ ² =4.17 P=0.38(NS)
	Primary Education	5	50.0	37	41.1	42	
	High School education	2	20.0	24	26.7	26	
	Higher Secondary education	1	10.0	17	18.9	18	
	Graduate or above	2	20.0	5	5.6	7	

Occupation	Private employee	2	20.0	10	11.1	12	$\chi^2=0.88$ P=0.92(NS)
	Government employee	0	0.0	1	1.1	1	
	Coolie	4	40.0	40	44.4	44	
	Self employed	2	20.0	23	25.6	25	
	Unemployed	2	20.0	16	17.8	18	
Family income	< Rs.5000	3	30.0	22	24.4	25	$\chi^2=0.20$ P=0.90(NS)
	Rs.5001 - Rs.10,000	3	30.0	26	28.9	29	
	> Rs.10,000	4	40.0	42	46.7	46	
Age at onset of alcohol drinking	< 20 Yrs	3	30.0	18	20.0	21	$\chi^2=7.97$ P=0.05*(S)
	21 - 30 Yrs	7	70.0	31	34.4	38	
	31 - 40 Yrs	0	0.0	22	24.5	22	
	> 40 Yrs	0	0.0	19	27.1	19	
Duration of alcohol drinking	< 5 Yrs	1	10.0	25	27.8	26	$\chi^2=1.66$ P=0.64(NS)
	6 - 10 Yrs	2	20.0	18	20.0	20	
	11 - 15 Yrs	1	10.0	8	8.9	9	
	> 15 Yrs	6	60.0	39	43.3	45	
Alcohol use in a week	Once in a week	0	0.0	3	3.3	3	$\chi^2=2.22$ P=0.52(NS)
	2 - 3 times	2	20.0	25	27.8	27	
	4 - 6 times	2	20.0	29	32.2	31	
	Daily	6	60.0	33	36.7	39	
Quantity of alcohol consumption per day	90 - 180 ml	1	10.0	38	42.2	39	$\chi^2=10.22$ P=0.02*(S)
	181 - 270 ml	2	20.0	31	34.	33	
	271 - 360 ml	6	60.0	19	21.1	25	
	> 360 ml	1	10.0	2	2.2	3	
Family history of alcohol drinking	Yes	5	50.0	35	38.9	40	$\chi^2=0.46$ P=0.49(NS)
	No	5	50.0	55	61.1	60	
History of abstinence from alcohol	Yes	5	50.0	49	54.4	54	$\chi^2=0.07$ P=0.78(NS)
	No	5	50.0	41	45.6	46	

* significant $P \leq 0.05$

Table 9 shows the association between psychiatric morbidity of psychotic and personality disorder among alcoholic patients with their selected socio demographic variables.

There was significant association between psychiatric morbidity of psychotic and personality disorder and age at onset of alcoholic drinking ($\chi^2=7.97$), ($P=0.05$) and quantity of alcohol consumption per day ($\chi^2=10.22$), ($P=0.02$) (i.e., **alcoholic patients started alcoholism at the age between 21 – 30 years and history of consuming alcohol approximately 271 – 360 ml per day**). Other variables in the alcoholic patients were not statistically associated with their selected socio demographic variables.

Association between the psychiatric morbidity of psychotic and personality disorder among alcoholic patients with their selected socio demographic variables

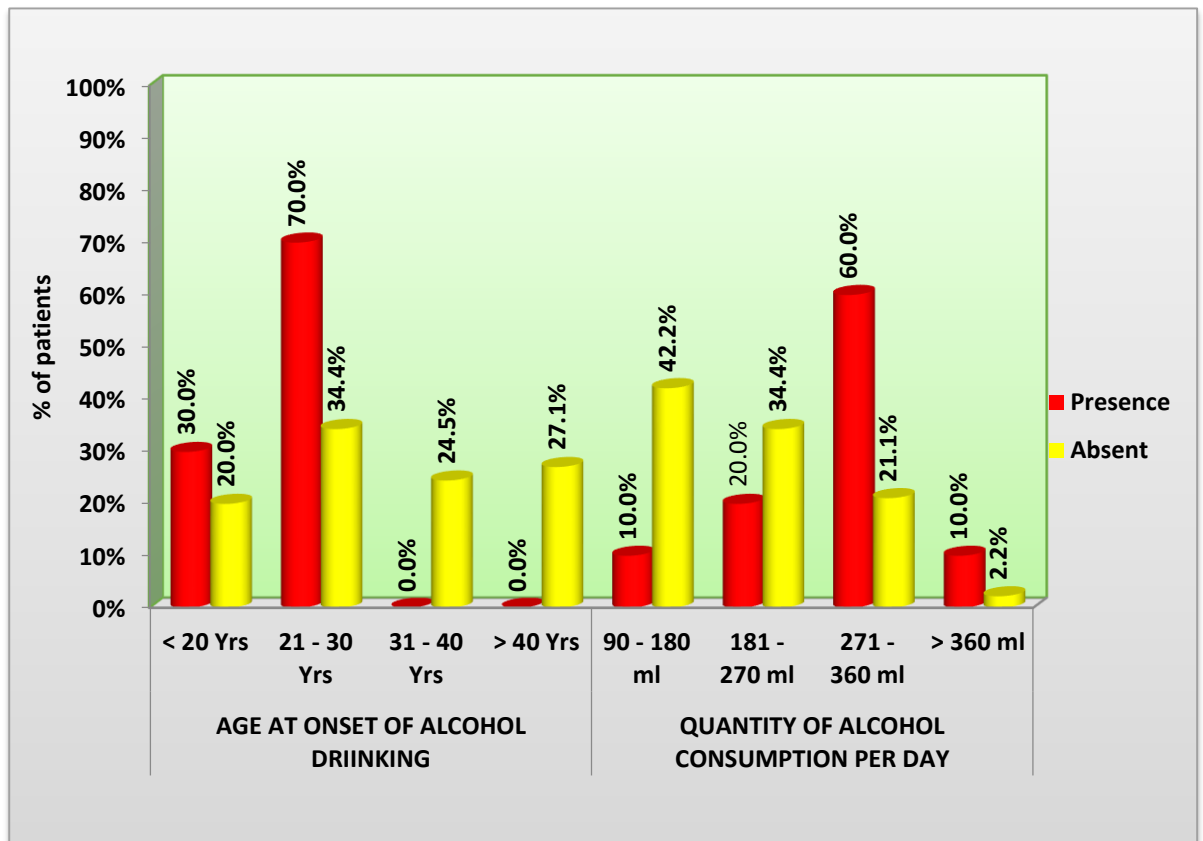


Figure 22: Association between the psychiatric morbidity of psychotic and personality disorder among alcoholic patients with their selected socio demographic variables

Majority of alcoholic patients with psychiatric morbidity of anxiety disorders were started alcoholism at the age between 21 – 30 years (7, 70%) and history of consuming alcohol approximately 271 – 360 ml (6, 60%) per day.

DISCUSSION

CHAPTER - V

DISCUSSION

This chapter discussed about the result of the study interpreted from the statistical analysis. Psychiatric morbidity is a major concern among Alcoholic patients and the need to distinguish alcoholic patients with and without psychiatric morbidity is very clinical significance as the presence of psychiatric morbidity along with alcohol dependence account for poor prognosis of such patients.

A various psychiatric morbidity such as depression, dysthymic, hypomanic, suicidality, anxiety disorders, psychotic disorder have been occurred in alcoholic patients and the presence of psychiatric co morbidity in alcoholic patients may complicate the outcome of both illness. So early identification of presence of psychiatric morbidity in alcoholic patient is very much useful to prevent further complication and preserve patient's physical as well as mental health.

The aim of the study was to assess the prevalence of psychiatric morbidity among alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai. 100 samples were selected by non-probability (consecutive sampling) technique. The incidence of psychiatric morbidity in Alcoholic patients was assessed by using standardized Mini International Neuropsychiatric Interview tool.

The objectives of the study were to

1. To assess the psychiatric morbidity among alcoholic patients in Psychiatric OPD at Government Rajaji Hospital, Madurai
2. To associate the psychiatric morbidity among alcoholic patients in Psychiatric OPD at Government Rajaji Hospital, Madurai with their socio demographic variables

The following hypotheses were tested at **0.05** level of significance.

H₁ - There is statistically significant relationship between the psychiatric morbidity and alcoholism among alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai

H₂ - There is statistically significant association between the psychiatric morbidity among alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai with their selected socio demographic variables

The findings of the study were discussed under the following headings

- Description of alcoholic patients according to their selected socio demographic variables
- Description of Psychiatric Morbidity among alcoholic patients
- Association between the Psychiatric morbidity and Alcoholic Patients in Psychiatric OPD, at Government Rajaji Hospital, Madurai with their selected socio demographic variables.

Alcohol is a psychoactive substance with dependence-producing properties that has been widely used in many cultures for centuries. Alcohol-related harm is determined by the type of alcohol, volume of alcohol consumed, the pattern of drinking, and, on rare occasions, the quality of alcohol consumed. The harmful use of alcohol is a component cause of more than 200 disease and injury conditions in individuals, most notably psychiatric co morbidity such as major depression, suicidality, anxiety disorder, personality disorder and psychotic disorder.

The samples were included 100 alcoholic patients respectively.

Description of alcoholic patients according to their selected socio demographic variables

An analysis of socio demographic variables of alcoholic patients in Psychiatric OPD at Government Rajaji Hospital, Madurai

According to the age group in alcoholic patients, majority 38 (38%) were belonged to 31-40 years.

While comparing the religion in alcoholic patients, majority 91 (91%) were belonged to hindus.

When discussing the area of residence in alcoholic patients, majority 56(56%) were hailed from rural area.

While comparing the marital status of alcoholic patients, majority 53 (53%) were married.

With respect to the type of family in the alcoholic patients, majority 59 (59%) were belonged to nuclear family.

When discussing about educational status of alcoholic patients, majority 42 (42%) had studied up to primary education.

While stating occupational status in the alcoholic patients, majority 44 (44%) patients were worked as coolie.

With respect to the family income per month in alcoholic patients, majority 46 (46%) were earned above Rs. 10,000.

When considering the age at onset of alcoholic drinking, majority 38 ((38%) were started to drink alcohol between 21 – 30 years.

When discussing about duration of alcohol intake in alcoholic patients, majority 45 (45%) were taken alcohol for more than 15 years.

While comparing the alcohol use in a week in Alcoholic patients, majority 39 (39%) was used alcohol daily.

As far as the quantity of alcohol consumption per day by the alcoholic patient, majority 39 (39%) were consumed 90 – 180 ml per day.

When discussing about the family history of alcohol drinking in alcoholic patients, majority 60 (60%) had the family history of alcohol drinking.

While comparing the history of alcohol abstinence in alcoholic patients, majority 54 (54%) had the history of abstinence from alcohol.

Discussion of subjects based on its objectives

The first objective of the study was to assess the psychiatric morbidity among alcoholic patients in Psychiatric OPD at Government Rajaji Hospital, Madurai

Mini International Neuropsychiatric Interview tool was used to assess the psychiatric morbidity among alcoholic patients. Among 100 patients, 67 (67%) were psychiatric morbidity with 95% confidence interval (57.8% - 76.2%)

Among 67 alcoholic patients with psychiatric morbidity, majority 30 (30%) had suicidality, 14 (14%) had Major depression, 10 (10%) had Generalized anxiety disorder, 7 (7%) had Psychotic disorders, 3 (3%) had Anti social personality disorder, 1 (1%) had Dysthymia or Hypomanic or Agoraphobia and none of them had panic disorder, social anxiety, obsessive compulsive disorder, post traumatic stress disorder, non alcoholic psychoactive substance use disorder, anorexia nervosa or bulimia nervosa.

Analysis of psychiatric morbidity with domain, majority 30 (30%) of alcoholic patients had suicidality, 16 (16%) had Mood disorders {major depression (14, 14%),

Dysthymic (1, 1%), hypomanic (1, 1%)), 11 (11%) had Anxiety disorder {Agoraphobia (1, 1%), Generalized anxiety disorder (10, 10%) } and 10 (10%) {Psychotic disorder (7, 7%), Anti social personality disorder (3, 3%)} had other psychiatric morbidity disorder.

The present study was supported by **Carolina D. Wiener et al. (2018)** who were conducted a cross sectional population based study on prevalence of co morbid mood disorders, anxiety and suicide risk among 1,953 young adult aged 18 – 35 years cluster sampling subjects with alcohol abuse and/or alcohol dependence in city of Pelotas in Brazil: MINI tool was used to assess psychiatric co morbidity. The study finding revealed that 7.5% reported the use of other illicit drugs, 10.6% had a chronic disease, 27% had anxiety disorder, 4.7% had mood disorder and 13% reported suicide risk.

According to **Max Roser and Hannah Ritchie (2017)** the prevalence of alcohol use disorders are 1.4% and the prevalence of psychiatric disorders among alcohol abusing and alcohol dependent patients were reported to be as high as between 57% and 84% and this proves that there is close connection between psychiatric morbidity and alcoholism. The most prevalent psychiatric morbidity found to be associated with alcoholic patients were suicidality, depression, anxiety disorder, psychotic and anti social personality disorder.

The present study was also supported by **Pankaj Kanwar et al. (2017)** who were conducted a cross sectional study on psychiatric co-morbidity among alcohol dependents in 40 consecutive patients in Dr. Rajendra Prasad Government Medical College Hospital in Himachal Pradesh. The result revealed that Lifetime psychiatric co-morbid disorders were detected in 45%. Psychiatric disorders most frequently associated with alcohol dependence were major depressive disorder (10%), bipolar affective disorder (7.5%), dysthymia (5%), anxiety disorders (7.5%) and antisocial

personality disorder (5%). Furthermore the study indicates that psychiatric disorders are prevalent in alcohol dependents and mood disorders are the most prevalent ones

Hence the Hypothesis H₁ - There is statistically significant relationship between the psychiatric morbidity and alcoholism among alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai was accepted.

The second objective of the study was to associate the psychiatric morbidity among alcoholic patients in Psychiatric OPD at Government Rajaji Hospital, Madurai with their socio demographic variables

In order to find out the association of psychiatric morbidity among alcoholic patients with their selected socio demographic variables the chi square test was used. The Chi square test revealed that there was significant association between psychiatric morbidity and age at onset of alcohol drinking ($\chi^2=8.07$), ($P=0.05$), duration of alcohol drinking ($\chi^2=10.08$), ($P=0.02$), alcohol use in a week ($\chi^2=11.96$), ($P=0.01$) and quantity of alcohol consumption per day ($\chi^2=21.95$), ($P=0.01$) (i.e., age between 21-30 years with duration of more than 15 years, daily alcohol using patients and those who practiced to consuming alcohol approximately 181 – 270 ml per day). Other variables in the alcoholic patients were not statistically associated with their selected socio demographic variables.

In order to find out the association between psychiatric morbidity of mood disorder among alcoholic patients with their selected socio demographic variables the chi square test was used. The Chi square test revealed that there was significant association between psychiatric morbidity of mood disorder and type of family ($\chi^2=6.06$), ($P=0.02$), occupation ($\chi^2=12.03$), ($P=0.02$) and age at onset of alcohol drinking ($\chi^2=9.41$), ($P=0.02$) (i.e., alcoholic patients lived in joint family with history

of unemployed status and started to practice alcoholism at the age between 31 – 40 years). Other variables in the alcoholic patients were not statistically associated with their selected socio demographic variables.

In order to find out the association between psychiatric morbidity of suicidality disorder among alcoholic patients with their selected socio demographic variables the chi square test was used. The Chi square test revealed that there was significant association between psychiatric morbidity of suicidality and type of family ($\chi^2=5.53$), ($P=0.02$), age at onset of alcohol drinking ($\chi^2=7.90$), ($P=0.04$), family history of alcohol drinking ($\chi^2=4.96$), ($P=0.02$) and history of abstinence from alcohol ($\chi^2=5.18$), ($P=0.03$) (i.e., alcoholic patients lived in nuclear family, started to practice alcoholism at the age between 21 – 30 years with the family history of alcoholism and no history of abstinence from alcoholism). Other variables in the alcoholic patients were not statistically associated with their selected socio demographic variables.

In order to find out the association between psychiatric morbidity of anxiety disorder among alcoholic patients with their selected socio demographic variables the chi square test was used. The Chi square test revealed that there was significant association between psychiatric morbidity of anxiety disorder and residence ($\chi^2=9.10$), ($P=0.01$), family income between per month ($\chi^2=8.79$), ($P=0.01$) and duration of alcohol intake ($\chi^2=12.38$), ($P=0.01$) (i.e., alcoholic patients lived in urban area with family income per month between Rs.5001 – Rs.10, 000 and their duration of alcoholism more than 15 years). Other variables in the alcoholic patients were not statistically associated with their selected socio demographic variables.

In order to find out the association between psychiatric morbidity of psychotic and personality disorder among alcoholic patients with their selected socio

demographic variables the chi square test was used. The Chi square test revealed that there was significant association between psychiatric morbidity of psychotic and personality disorder and age at onset of alcoholic drinking ($\chi^2=7.97$), ($P=0.05$) and quantity of alcohol consumption per day ($\chi^2=10.22$), ($P=0.02$) (i.e., alcoholic patients started alcoholism at the age between 21 – 30 years and history of consuming alcohol approximately 271 – 360 ml per day). Other variables in the alcoholic patients were not statistically associated with their selected socio demographic variables.

The present study findings were supported by **Abhay singh et al. (2016)** who were conducted a cross sectional study on psychiatric co morbidities in male patients of alcohol dependent syndrome among 100 patients by using purposive sampling technique in Rohilkhand medical college and hospital, Bareilly, Uttarpradesh. Overall 47% of the patients had co morbid psychiatric diagnosis. The psychiatric co morbidity which found among subjects were mood disorder – 24%, anxiety disorder – 14%, adjustment disorder – 3%, psychotic disorder – 6%, and somatoform disorder – 2%. More over inclusion of only male patients was purposeful in view of timely availability of s ample sample size because alcohol consumption that to a level of dependence is a rare phenomenon in women of this part of country. Socio demographic details show that the majority of the sample consisted of married Hindu with education level of 1st to 10th standard, with unskilled employment and middle socioeconomic status that came from nuclear families of semi-urban/urban background.

Hence the hypothesis H₂ – There is statistically significant association between the psychiatric morbidity among alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai with their selected socio demographic variables was accepted.

SUMMARY & CONCLUSION

CHAPTER - VI

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

This chapter deals with summary, conclusion and recommendations of the study. Further it includes implications for Nursing Practice, Nursing Education, Nursing Administration and Nursing Research.

6.1 Summary

The present study was done to assess the psychiatric morbidity among Alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai

The objectives of the study were

1. To assess the psychiatric morbidity among alcoholic patients in Psychiatric OPD at Government Rajaji Hospital, Madurai
2. To associate the psychiatric morbidity among alcoholic patients in Psychiatric OPD at Government Rajaji Hospital, Madurai with their selected socio demographic variables

The following Hypothesis were tested at 0.05 level of significance

H₁ - There is statistically significant relationship between the psychiatric morbidity and alcoholism among alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai

H₂ - There is statistically significant association between the psychiatric morbidity among alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai with their selected socio demographic variables

The study assumption was

Substance abuse like alcoholic patients prone to get psychiatric morbidity in their life.

The conceptual framework in this study was based on modified social ecological framework on alcoholism which focuses on various systems which influence alcoholism. The study was conducted by using Non Experimental – (Descriptive) research design. Samples of 100 Alcoholic patients attending Psychiatric OPD in Government Rajaji Hospital, Madurai were selected by non probability consecutive sampling method. The selected samples were assessed by using Mini International psychiatric Interview tool. After testing the validity and reliability of the tool a pilot study was conducted among 10 non study subjects in psychiatric OPD at Government Rajaji Hospital, Madurai, to find out the feasibility and practicability. The main study was started from 04.06.18 to 13.07.18. Based on the objectives and hypothesis the data were analyzed by using both descriptive and inferential statistics.

The data collection tool consisted of two parts.**Part I**

It consists of selected socio demographic variables of the clients. The socio demographic variables include age, religion, residence, marital status, type of family, education, occupation, family income per month, age at onset of alcohol drinking, duration of alcohol intake, alcohol use in a week, quantity of alcohol consumption per day, family history of alcohol drinking and history of abstinence from alcohol.

Part II: Mini International Neuropsychiatric Interview tool

The M.I.N.I. tool consists of screening questionnaire rated as yes or no type and designed as a brief structured interview tool developed by W.H.O to ascertain the psychiatric morbidity among alcoholic patients.

The tool was validated by experts in the field of Psychiatric Nursing, Psychiatry, and Psychology. Data collection was done by using the prescribed tool to assess psychiatric manifestations.

Collected data was analyzed by using both descriptive statistics (Frequency and Percentage) and inferential statistics (Chi-Square) and results were analyzed.

6.2 Major findings of the study

According to the age group in alcoholic patients, majority 38 (38%) were belonged to 31-40 years.

While comparing the religion in alcoholic patients, majority 91 (91%) were belonged to hindus.

When discussing the area of residence in alcoholic patients, majority 56(56%) were hailed from rural area.

While comparing the marital status of alcoholic patients, majority 53 (53%) were married.

With respect to the type of family in the alcoholic patients, majority 59 (59%) were belonged to nuclear family.

When discussing about educational status of alcoholic patients, majority 42 (42%) had studied up to primary education.

While stating occupational status in the alcoholic patients, majority 44 (44%) patients were worked as coolie.

With respect to the family income per month in alcoholic patients, majority 46 (46%) were earned above Rs. 10,000.

When considering the age at onset of alcoholic drinking, majority 38 ((38%) were started to drink alcohol between 21 – 30 years.

When discussing about duration of alcohol intake in alcoholic patients, majority 45 (45%) were taken alcohol for more than 15 years.

While comparing the alcohol use in a week in Alcoholic patients, majority 39 (39%) was used alcohol daily.

As far as the quantity of alcohol consumption per day by the alcoholic patient, majority 39 (39%) were consumed 90 – 180 ml per day.

When discussing about the family history of alcohol drinking in alcoholic patients, majority 60 (60%) had the family history of alcohol drinking.

While comparing the history of alcohol abstinence in alcoholic patients, majority 54 (54%) had the history of abstinence from alcohol.

Mini International Neuropsychiatric Interview tool was used to assess the psychiatric morbidity among alcoholic patients. Among 100 patients, 67 (67%) were psychiatric morbidity with 95% confidence interval (57.8% - 76.2%)

Among 67 alcoholic patients with psychiatric morbidity, majority 30 (30%) had suicidality, 14 (14%) had Major depression, 10 (10%) had Generalized anxiety disorder, 7 (7%) had Psychotic disorders, 3 (3%) had Anti social personality disorder, 1 (1%) had Dysthymia or Hypomanic or Agoraphobia and none of them had panic disorder, social anxiety, obsessive compulsive disorder, post traumatic stress disorder, non alcoholic psychoactive substance use disorder, anorexia nervosa or bulimia nervosa.

Analysis of psychiatric morbidity in various domains, majority 30 (30%) of Alcoholic patients had suicidality disorder, 16 (16%) had mood disorders {major

depression (14, 14%), Dysthymic (1, 1%), hypomanic (1, 1%)), 11 (11%) had anxiety disorder { Agoraphobia (1, 1%), Generalized anxiety disorder (10, 10%) } and 10 (10%) {Psychotic disorder (7, 7%), Anti social personality disorder (3, 3%)} had other psychiatric morbidity disorder.

Statistically, there was significant relationship between the psychiatric morbidity and alcoholism among alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai

In order to find out the association of psychiatric morbidity among alcoholic patients with their selected socio demographic variables the chi square test was used. The Chi square test revealed that there was significant association between presence of psychiatric morbidity and age at onset of alcohol drinking ($\chi^2=8.07$), ($P=0.05$), duration of alcohol drinking ($\chi^2=10.08$), ($P=0.02$), alcohol use in a week ($\chi^2=11.96$), ($P=0.01$) and quantity of alcohol consumption per day ($\chi^2=21.95$), ($P=0.01$). Majority of the alcoholic patients started alcoholism at the age between 21-30 years with duration of more than 15 years, daily alcohol using patients and those who practiced to consuming alcohol approximately 181 – 270 ml per day. Other variables in the alcoholic patients were not statistically associated with their selected socio demographic variables.

In order to find out the association between psychiatric morbidity of mood disorder among alcoholic patients with their selected socio demographic variables the chi square test was used. The Chi square test revealed that there was significant association between psychiatric morbidity of mood disorder and type of family ($\chi^2=6.06$), ($P=0.02$), occupation ($\chi^2=12.03$), ($P=0.02$) and age at onset of alcohol drinking ($\chi^2=9.41$), ($P=0.02$). Majority of alcoholic patients with psychiatric morbidity

of mood disorder were lived in joint family, history of unemployed status and started to practice alcoholism at the age between 31 – 40 years. Other variables in the alcoholic patients were not statistically associated with their selected socio demographic variables.

In order to find out the association between psychiatric morbidity of suicidality disorder among alcoholic patients with their selected socio demographic variables the chi square test was used. The Chi square test revealed that there was significant association between psychiatric morbidity of suicidality and type of family ($\chi^2=5.53$), ($P=0.02$), age at onset of alcohol drinking ($\chi^2=7.90$), ($P=0.04$), family history of alcohol drinking ($\chi^2=4.96$), ($P=0.02$) and history of abstinence from alcohol ($\chi^2=5.18$), ($P=0.03$). Majority of alcoholic patients with psychiatric morbidity of suicidality disorder were lived in nuclear family, started to practice alcoholism at the age between 21 – 30 years, with the family history of alcoholism and no history of abstinence from alcoholism. Other variables in the alcoholic patients were not statistically associated with their selected socio demographic variables.

In order to find out the association between psychiatric morbidity of anxiety disorder among alcoholic patients with their selected socio demographic variables the chi square test was used. The Chi square test revealed that there was significant association between psychiatric morbidity of anxiety disorder and residence ($\chi^2=9.10$), ($P=0.01$), family income between per month ($\chi^2=8.79$), ($P=0.01$) and duration of alcohol intake ($\chi^2=12.38$), ($P=0.01$). Majority of alcoholic patients with psychiatric morbidity of Anxiety disorders were lived in urban area with family income per month between Rs.5001 – Rs.10, 000 and their duration of alcoholism more than 15 years.

Other variables in the alcoholic patients were not statistically associated with their selected socio demographic variables.

In order to find out the association between psychiatric morbidity of psychotic and personality disorder among alcoholic patients with their selected socio demographic variables the chi square test was used. The Chi square test revealed that there was significant association between psychiatric morbidity of psychotic and personality disorder and age at onset of alcoholic drinking ($\chi^2=7.97$), ($P=0.05$) and quantity of alcohol consumption per day ($\chi^2=10.22$), ($P=0.02$). Majority of alcoholic patients with psychiatric morbidity of Anxiety disorders were started alcoholism at the age between 21 – 30 years and history of consuming alcohol approximately 271 – 360 ml per day. Other variables in the alcoholic patients were not statistically associated with their selected socio demographic variables

Statistically there was significant association between the psychiatric morbidity among alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai with their selected socio demographic variables.

6.3 Conclusion

The study findings evidence that most of the alcoholic patients attending psychiatric OPD at Government Rajaji Hospital, Madurai had psychiatric disorders. They need integrated strategies for the identification and management of both alcohol dependence and co morbid psychiatric disorders.

6.4 Implications of the study

The finding of the study has several implications on nursing practice, education, administration and nursing research that can be used in the following areas of profession.

Nursing practice

- This study findings create awareness among the nurses about the prevalence of psychiatric morbidity among Alcoholic patients
- The nurses can learn and use Mini International Neuropsychiatric Interview tool to assess the psychiatric morbidity among alcoholic patients
- The Nurse can develop knowledge on psychiatric morbidity among Alcoholic patients and can use their counseling skills to prevent psychiatric disorders among psychiatric patients.
- This study finding helps to identify the statistics of psychiatric morbidity among Alcoholic patients attending psychiatric OPD, in Government Rajaji Hospital, Madurai.
- The nurse will educate the Alcoholic patients about how to overcome from alcoholism and prevent psychiatric morbidity by providing information booklet.

Nursing education

- The nurse educator creates the awareness among the students about the psychiatric morbidity faced by the alcoholic patients.
- Nursing faculties can educate the nursing students to assess the psychiatric morbidity among Alcoholic patients by using Mini International Neuro psychiatric Interview tool in their day to day practice.
- Students will periodically evaluate the psychiatric problems of Alcoholic patients and providing psycho education on prevention of psychiatric morbidity among them in de addiction ward

- Teachers give assignment and project to the students and to make aware of them and inculcate the knowledge regarding alcoholism and psychiatric morbidity among Alcoholic patients.

Nursing research

- The study findings will encourage further research studies to assess the psychiatric morbidity among various medical and surgical illness patients admitted in Government Rajaji Hospital, Madurai.
- Based on the study research, there can be further assessment can be carried out to assess the quality of life among alcoholic patients
- Nurse researchers have to develop newer tools to determine psychological problems among Alcoholic patients with each domain.
- One of the aims of nursing research is to expand and broaden the scope of nursing. Findings of this study will provide a base line data about psychiatric morbidity among Alcoholic patients in Government Rajaji Hospital.

Nursing administration

- Nursing Administrators can arrange in-service education or staff development programme periodically for nurses to create the awareness of psychiatric problems faced by the Alcoholic patients.
- Nurse Administrators should motivate the nurses to gain adequate knowledge on psychiatric morbidity among Alcoholic patients and to encourage them to identify the symptoms by using questionnaire like Mini International Neuropsychiatric Interview tool.

- Nurse administrator can arrange and organize the periodical meeting for alcoholic patients and their family members in order to create awareness about alcohol hazards and de addict the patients from alcohol drinking.

6.5 Recommendations

Based on the findings of the study, the recommendations offered for future research were

- A similar study can be conducted with larger sample size.
- A comparative study can be conducted among Alcoholic patients in various settings.
- A longitudinal study can be undertaken to see the psychiatric morbidity among chronic alcoholic patients
- An experimental study on effectiveness of motivational training for reduction of alcohol dependency among Alcoholic patients.

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APPENDICES

APPENDIX - I

ETHICAL COMMITTEE APPROVAL LETTER



MADURAI MEDICAL COLLEGE MADURAI, TAMILNADU, INDIA -625 020

(Affiliated to The Tamilnadu Dr.MGR Medical University,
Chennai, Tamil Nadu)



Prof Dr V Nagaraajan MD MNAMS
DM (Neuro) DSc.,(Neurosciences)
DSc (Hons)
Professor Emeritus in Neurosciences,
Tamil Nadu Govt Dr MGR Medical
University
Chairman, IEC

Dr.M.Shanthi, MD.,
Member Secretary,
Professor of Pharmacology,
Madurai Medical College, Madurai.

Members

1. Dr.V.Dhanalakshmi, MD,
Professor of Microbiology &
Vice Principal,
Madurai Medical College

2. Dr.Sheela Mallika rani, M.D.,
Anaesthesia , Medical
Superintendent Govt. Rajaji
Hospital, Madurai

3.Dr.V.T.Premkumar,MD(General
Medicine) Professor & HOD of
Medicine, Madurai Medical & Govt.
Rajaji Hospital, College, Madurai.

4.Dr.S.R.Dhamotharan, MS.,
Professor & H.O.D i/c, Surgery,
Madurai Medical College & Govt.
Rajaji Hospital, Madurai.

5.Dr.G.Meenakumari, MD.,
Professor of Pathology, Madurai
Medical College, Madurai

6.Mrs.Mercy Immaculate Rubalatha,
M.A., B.Ed., Social worker, Gandhi
Nagar, Madurai

7.Thiru.Pala.Ramasamy, B.A.,B.L.,
Advocate, Palam Station Road,
Sellur.

8.Thiru.P.K.M.Chelliah, B.A.,
Businessman,21, Jawahar Street,
Gandhi Nagar, Madurai.

ETHICS COMMITTEE CERTIFICATE

Name of the Candidate : K.Selvakumar

Course : M.Sc., Psychiatric Nursing

Period of Study : 2016-2018

College : MADURAI MEDICAL COLLEGE

Research Topic : A study to assess the
psychiatric morbidity among
alcoholic patients in psychiatric
OPD at Govt. Rajaji Hospital,
Madurai

Ethical Committee as on : 16.05.2018

The Ethics Committee, Madurai Medical College has decided to inform
that your Research proposal is accepted.

Member Secretary :

Chairman :

Prof Dr V Nagaraajan
M.D., MNAMS, D.M., Dsc.,(Neuro), Dsc (Hon)
CHAIRMAN
IEC - Madurai Medical College
Madurai

Dean / Governor :

Madurai Medical College
Madurai-20



APPENDIX - II

CONTENT VALIDITY CERTIFICATES


CERTIFICATE FOR VALIDATION

This is to certify that the tool and content

SECTION A: Socio demographic data

SECTION B: Mini International Neuropsychiatric Interview

Prepared for data collection by Mr. K. Selvakumar, II Year M.Sc (N) student, College of Nursing , Madurai Medical College, Madurai-20, who has undertaken the study field on thesis entitled **“A study to assess the Psychiatric morbidity among Alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai”** has been validated by me.


SIGNATURE OF THE EXPERT: *K. Sathiyakala* 23/5/18
Name: **K. SATHIYAKALA**
Designation: **Reader in Nursing**
Department of Psychiatric Nursing,
Sri Manakula Vinayagar Nursing college,
Institution: **Pudukcherry.**

Date: **23/5/18.**

CERTIFICATE FOR VALIDATION

This is to certify that the tool and content

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SECTION B: Mini International Neuropsychiatric Interview

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G. Gomathy

SIGNATURE OF THE EXPERT

Name:

G. Gomathy

Designation:

PRINCIPAL
CHITHIRAI COLLEGE OF NURSING
MADURAI -9

Institution:

Date:

CERTIFICATE FOR VALIDATION

This is to certify that the tool and content

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SECTION B: Mini International Neuropsychiatric Interview

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R. Jancy Rachel Daisy
SIGNATURE OF THE EXPERT

Name: *DR. R. JANCY RACHEL DAISSY*

Designation: *PROFESSOR CUM HOD*

Institution: *C.S.J. SEYARAJ
ANNAPACKIAM COLLEGE OF
NURSING, MADURAI.*

Date: *25.5.2018*

CERTIFICATE FOR VALIDATION

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SIGNATURE OF THE EXPERT

Name: KAVITHA R.R.

Designation: Tutor ,

Institution: College of Nursing ,
JIPMER

Date: 23/5/18

CERTIFICATE FOR VALIDATION

This is to certify that the tool and content

SECTION A: Socio demographic data

SECTION B: Mini International Neuropsychiatric Interview

Prepared for data collection by Mr. K. Selvakumar, II Year M.Sc (N) student, College of Nursing , Madurai Medical College, Madurai-20, who has undertaken the study field on thesis entitled **“A study to assess the Psychiatric morbidity among Alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai”** has been validated by me.



SIGNATURE OF THE EXPERT

Name: **J. DEEPA, M.Sc(N),
Assistant Professor
Madurai Apollo College of Nursing
Elliyarpathy Village, Madurai - 22**

Designation:

Institution:

Date:

CERTIFICATE FOR VALIDATION

This is to certify that the tool and content

SECTION – A: Socio demographic data

SECTION – B: Mini international Neuropsychiatric interview

Prepared for data collection by Mr. K. Selvakumar, II Year M.Sc (N) student, College of Nursing , Madurai Medical College, Madurai-20, who has undertaken the study field on thesis entitled **“A study to assess the Psychiatric morbidity among Alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai”** has been validated by me.



SIGNATURE OF THE EXPERT

Dr. T. KUMANAN, M.D.(PSY), DPM
Reg No 42857
Professor of Psychiatry / Senior Civil Surgeon
Madurai Medical College / Govt. Rajaji Hospital
Name: Madurai

Designation:

Institution:

Date: 28.7.2018

CERTIFICATE FOR VALIDATION

This is to certify that the tool and content

SECTION A: Socio demographic data

SECTION B: Mini International Neuropsychiatric Interview

Prepared for data collection by Mr. K. Selvakumar, II Year M.Sc (N) student, College of Nursing , Madurai Medical College, Madurai-20, who has undertaken the study field on thesis entitled **“A study to assess the Psychiatric morbidity among Alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai”** has been validated by me.



SIGNATURE OF THE EXPERT

Name: **N. SURESH KUMAR**

Designation: **N. SURESH KUMAR,**
M.A., M.Phil.(Clin.Psy)
Assl. Prof, Cum Clinical Psychologist
Dept. of Psychiatry
Institution: **Govt. Rajaji Hospital, Madurai-2**

Date:

APPENDIX - III

INFORMED CONSENT FORM (ENGLISH)

NAME:

DATE:

Here I am acknowledging that information regarding the project study topic was explained to me and the positive reason was pointed out. I am voluntarily willing to participate in the study. At any time I am free to exclude from the study and promised that my all personal information should be kept in confidential.

Signature of the participants

ஒப்புதல் அறிக்கை

பெயர்:

தேதி:

எனக்கு இந்த ஆய்வைப் பற்றிய முழு விவரம் விளக்கமாக எடுத்துரைக்கப்பட்டது. இந்த ஆய்வில் பங்கு பெறுவதில் உள்ள நன்மைகள் மற்றும் தீமைகள் பற்றி நான் புரிந்துகொண்டேன். நான் இந்த ஆய்வில் தானாகவே முன் வந்து பங்கு பெறுகின்றேன். மேலும் எனக்கு இந்த ஆய்வில் இருந்து எந்த நேரமும் விலகிக் கொள்ள முழு அனுமதி வழங்கப்பட்டுள்ளது. என்னுடைய சிகிச்சை ஆவணங்களைப் பார்வையிட்டு அதில் உள்ள விவரங்களை ஆய்வில் பயன்படுத்திக் கொள்ள அனுமதி அளிக்கின்றேன். என்னுடைய பெயர் மற்றும் அடையாளங்கள் ரகசியமாக வைத்துக் கொள்ளப்படும் என்றும் எனக்கு உறுதியளிக்கப்பட்டுள்ளது.

கையொப்பம்

APPENDIX – IV

Letter seeking and granting permission to conduct the pilot and main study in psychiatric OPD at GRH, Madurai.

From

K. Selvakumar
II Year M.Sc. (N),
College of Nursing,
Madurai Medical College,
Madurai-20

To

The Professor and HOD,
Department of Psychiatry,
Government Rajaji hospital,
Madurai-20

Through, the proper channel,

Respected sir,

Sub: CON, MMC, Madurai II Year M.Sc. (N), Department of Psychiatric
Nursing -Permission for conducting pilot study and main study in plastic
surgery OPD, GRH, Madurai- Request regarding.

As per the curriculum recommended by the Indian Nursing Council and The
Tamilnadu Dr.MGR Medical university of M.Sc.(N) candidates are required to conduct a
dissertation study for the partial fulfillment of the course in their respective departments.

I wish to conduct a study topic on **“A study to assess the Psychiatric
morbidity among Alcoholic Patients in Psychiatric OPD at Government Rajaji Hospital,
Madurai”** for my dissertation. I would like to conduct the pilot study and main study in
Psychiatry OPD, GRH, Madurai from 21st May onwards. I assure you that I will not interfere
with the routine activities of the Outpatient department.

Hence, I kindly request you to consider my requisition and permit me to
conduct the study in Psychiatry OPD, GRH, Madurai.

Thanking you

Place: Madurai

Date 18/05/2018

Yours Sincerely

K. Selvakumar
(K. SELVAKUMAR)

Dr. S. Rajamoni
18/5/18

Forwarded
S.P.
18/5/18

Dr. T. Kumanan
21/5/2018
(T. KUMANAN)
Dr. T. KUMANAN, M.D.(PSY), DPM
Reg. No. 42857
Professor of Psychiatry / Senior Civil Surgeon
Madurai Medical College / Govt. Rajaji Hospital
Madurai

APPENDIX - V

Socio demographic variables – English

Sample No.:

OP.No:

Serial No.:

Date:

1. Age

()

- a. < 20 Years
- b. 21 to 30 Years
- c. 31 to 40 Years
- d. 41 to 50 Years
- e. > 50 Years

2. Religion

()

- a. Hindu
- b. Christian
- c. Muslim
- d. Others

3. Residence

()

- a. Urban
- b. Rural
- c. Sub Urban

4. Marital status

()

- a. Unmarried
- b. Married
- c. Separated
- d. Divorced

5. Type of Family ()

- a. Nuclear family
- b. Joint family

6. Education ()

- a. No formal Education
- b. Primary Education
- c. High School education
- d. Higher Secondary education
- e. Graduate or above

7. Occupation ()

- a. Private employee
- b. Government employee
- c. Coolie
- d. Self employed
- e. Unemployed

8. Family Income per month ()

- a. < Rs.5000
- b. Rs.5001 - Rs.10,000
- c. > Rs.10,000

9. Age at onset of Alcohol drinking ()

- a. < 20 Yrs
- b. 21 – 30 Yrs
- c. 31 – 40 Yrs
- d. > 40 Yrs

10. Duration of Alcohol intake ()

- a. < 5 Yrs
- b. 6 – 10 Yrs
- c. 11 – 15 Yrs
- d. > 15 Yrs

11. Alcohol use in a week ()

- a. 1 day in a week
- b. 2 – 3days
- c. 4 – 6 days
- d. Daily

12. Quantity of Alcohol consumption per day ()

- a. 90 – 180 ml
- b. 181 – 270 ml
- c. 271 – 360 ml
- d. > 360 ml

13. Family history of Alcohol drinking ()

- a. Yes
- b. No

14. History of abstinence from Alcohol ()

- a. Yes
- b. No

APPENDIX – VI

Research Tool – English

1. Read the statement well, please circle YES OR NO and move to the next module.

Sample No:

Age :

Date :

Sex :

Place :

A. MAJOR DEPRESSIVE EPISODE

SL.No.	PARTICULARS	NO	YES
A1	Have you been consistently depressed or down, most of the day, nearly every day, for the past two weeks?	NO	YES
A2	In the past two weeks, have you been much less interested in most things or much less able to enjoy the things you used to enjoy most of the time?	NO	YES
IF A1 OR A2 CODED YES ?		NO →	YES
A3	Over the past two weeks, when you felt depressed or uninterested:		
A	Was your appetite decreased or increased nearly every day? Did your weight decrease or increase without trying intentionally (i.e., by $\pm 5\%$ or more)? IF YES TO EITHER, CODE YES	NO	YES*
B	Did you have trouble sleeping nearly every night (difficulty falling asleep, waking up in the middle of the night, early morning waking or sleeping excessively)?	NO	YES
C	Did you talk or move more slowly than normal or were you fidgety, restless or having trouble sitting still almost every day?	NO	YES*
D	Did you feel tired or without energy almost every day?	NO	YES
E	Did you feel worthless or guilty almost every day?	NO	YES
F	Did you have difficulty concentrating or making decisions almost every day?	NO	YES
G	Did you repeatedly consider hurting yourself, feel suicidal, or wish that you were dead?	NO	YES
ARE 5 OR MORE ANSWERS (A1-A3) CODED YES? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> NO YES * </div> <p style="margin-top: 5px;">MAJOR DEPRESSIVE EPISODE, CURRENT</p>			

**IF PATIENT HAS CURRENT MAJOR DEPRESSIVE EPISODE CONTINUE TO A4,
OTHERWISE MOVE TO MODULE B:**

A4 a)	During your lifetime, did you have other episodes of two weeks or more when you felt depressed or uninterested in most things, and had most of the problems we just talked about?	→ NO	YES
b	In between 2 episodes of depression, did you ever have an interval of at least 2 months, without any depression and any loss of interest?	NO	YES
<p style="text-align: right;">NO YES MAJOR DEPRESSIVE EPISODE, RECURRENT</p>			

B DYSTHIMIA

IF PATIENT'S SYMPTOMS CURRENTLY MEET CRITERIA FOR MAJOR DEPRESSIVE EPISODE, DO NOT EXPLORE THIS MODULE.

B1	Have you felt sad, low or depressed most of the time for the last two years?	→ NO	YES
B2	Was this period interrupted by your feeling OK for two months or more?	NO	→ YES
B3	During this period of feeling depressed most of the time:		
A	Did your appetite change significantly?	NO	YES
B	Did you have trouble sleeping or sleep excessively?	NO	YES
C	Did you feel tired or without energy	NO	YES
D	Did you lose your self-confidence?	NO	YES
E	Did you feel hopeless?	NO	YES
ARE 2 OR MORE B3 ANSWERS CODED YES		NO	→ YES
B4	Did the symptoms of depression cause you significant distress or impair your ability to function at work, socially, or in some other important way?	<p style="text-align: right;">NO YES DYSTHYMIA CURRENT</p>	

C. SUICIDALITY

In the past month did you:

NO	PARTICULARS	NO	YES	POINTS
C1	Suffer any accident? IF NO TO C1, SKIP TO C2; IF YES, ASK C1a	NO	YES	0
C1a	Plan or intend to hurt yourself in that accident either passively or actively? IF NO TO C1a, SKIP TO C2: IF YES, ASK C1b	NO	YES	0
C1b	Did you intend to die as a result of this accident?	NO	YES	0
C2	Think that you would be better off dead or wish you were dead?	NO	YES	1
C3	Want to harm yourself or to hurt or to injure yourself?	NO	YES	2
C4	Think about suicide?	NO	YES	6
	<p style="text-align: center;">IF YES, ASK ABOUT THE INTENSITY AND FREQUENCY OF THE SUICIDAL IDEATION:</p> <p style="text-align: center;">Frequency Intensity</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <p>Occasionally <input type="checkbox"/> Mild <input type="checkbox"/></p> <p>Often <input type="checkbox"/> Moderate <input type="checkbox"/></p> <p>Very often <input type="checkbox"/> Severe <input type="checkbox"/></p> </div> <p style="text-align: center;">→</p> <p>Can you control these impulses and state that you will not act on them while in this program</p> <p>Only score 8 points if response is NO YES 8</p>			
C5	Have a suicide plan?	NO	YES	8
C6	Take any active steps to prepare to injure yourself or to prepare for a suicide attempt in which you expected or intended to die?	NO	YES	8
C7	Deliberately injure yourself without intending to kill yourself?	NO	YES	9
C8	Attempt suicide? Hoped to be rescued/survive <input type="checkbox"/> Expected /intended to die <input type="checkbox"/>			10
C9	Did you ever make a Attempt suicide?	NO	YES	4

D. (HYPO) MANIC EPISODE

(→ MEANS: GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL

DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

D1a	Have you ever had a period of time when you were feeling 'up' or 'high' or 'hyper' or so full of energy or full of yourself that you got into trouble, or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol.)	NO	YES
	IF PATIENT IS PUZZLED OR UNCLEAR ABOUT WHAT YOU MEAN BY 'UP' OR 'HIGH' OR 'HYPER', CLARIFY AS FOLLOWS: By 'up' or 'high' or 'hyper' I mean: having elated mood; increased energy; needing less sleep; having rapid thoughts; being full of ideas; having an increase in productivity, motivation, creativity, or impulsive behavior. IF NO, CODE NO TO D1b : IF YES ASK:		
b	Are you currently feeling 'up' or 'high' or 'hyper' or full of energy?	NO	YES
D2	Have you ever been persistently irritable, for several days, so that you had arguments or verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or over reacted, compared to other people, even in situations that you felt were justified? IF NO, CODE NO TO D2b : IF YES ASK:	NO	YES
b	Are you currently feeling persistently irritable?	NO	YES
	IS D1a OR D2a CODED YES ?	NO →	YES

D3	IF D1b OR D2b = YES: EXPLORE THE CURRENT AND THE MOST SYMPTOMATIC PAST EPISODE, OTHERWISE IF D1b AND D2b = NO: EXPLORE ONLY THE MOST SYMPTOMATIC PAST EPISODE		
	During the times when you felt high, full of energy, or irritable did you:	CURRENT EPISODE	PAST EPISODE
a	Feel that you could do things others couldn't do, or that you were an especially important person? IF YES, ASK FOR EXAMPLES. THE EXAMPLES ARE CONSISTENT WITH A DELUSIONAL IDEA. <input type="checkbox"/> No <input type="checkbox"/> Yes	NO	YES
b	Need less sleep (for example, feel rested after only a few hours sleep)?	NO	YES

E. PANIC DISORDER

→ **Means: CIRCLE NO IN E5, E6 AND E7 AND SKIP TO F1)**

E1 a	Have you, on more than one occasion, had spells or attacks when you suddenly felt anxious, frightened, uncomfortable or uneasy, even in situations where most people would not feel that way?	→ NO	YES
b	Did the spells surge to a peak within 10 minutes of starting?	→ NO	YES
E2	At any time in the past, did any of these spells or attacks come on unexpectedly or occur in an unpredictable or unprovoked manner?		
E3	Have you ever had one such attack followed by a month or more of persistent concern about having another attack, or worries about the consequences of the attack or did you make a significant change in your behavior because of the attacks (e.g., shopping only with a companion, not wanting to leave your house, visiting the emergency room repeatedly, or seeing your doctor more frequently because of the symptoms?		
E4	During the worst spell that you can remember:		
A	Did you have skipping, racing or pounding of your heart?	NO	YES
B	Did you have sweating or clammy hands		
C	Were you trembling or shaking?		
D	Did you have shortness of breath or difficulty breathing?		
E	Did you have a choking sensation or a lump in your throat?		
F	Did you have chest pain, pressure or discomfort?		
G	Did you have nausea, stomach problems or sudden diarrhea?		
H	Did you feel dizzy, unsteady, lightheaded or faint?		
I	Did things around you feel strange, unreal, detached or unfamiliar, or did you feel outside of or detached from part or all of your body?		
J	Did you fear that you were losing control or going crazy?		
K	Did you fear that you were dying?		
I	Did you have tingling or numbness in parts of your body?		
M	Did you have hot flushes or chills?		
E5	ARE BOTH E3, AND 4 OR MORE E4 ANSWERS, CODED YES? IF YES TO E5, SKIP TO E7.	NO	Yes Panic Disorder Lifetime
E6	IF E5 = NO, ARE ANY E4 ANSWERS CODED YES? THEN SKIP TO F1.	NO	Yes Limited Ymptom Attacks Lifetime
E7	In the past month, did you have such attacks repeatedly (2 or more) followed by persistent concern about having another attack? PANIC DISORDER CURRENT	NO	Yes Panic Disorder Current

J. ALCOHOL ABUSE AND DEPENDENCE

(→ Means: GO TO THE DIAGNOSTIC BOXES,CIRCLE NO IN BOTH AND MOVE TO THE NEXT MODULE)

J1	In the past 12 months , have you had 3 or more alcoholic drinks within a 3 hour period on 3 or more occasions?	→ NO	YES
J2	In the past 12 months:		
A	Did you need to drink more in order to get the same effect that you got when you first started drinking?		
B.	When you cut down on drinking did your hands shake, did you sweat or feel agitated? you drink to avoid these symptoms or to avoid being hungover, for example, "the shakes", sweating or agitation?		
C	IF YES TO EITHER, CODE YES . During the times when you drank alcohol, did you end up drinking more than you planned when you started?		
D	Have you tried to reduce or stop drinking alcohol but failed?		
E	On the days that you drank, did you spend substantial time in obtaining alcohol, drinking, or in recovering from the effects of alcohol?		
F	Did you spend less time working, enjoying hobbies, or being with others because of your drinking?		
G	Have you continued to drink even though you knew that the drinking caused you health or mental problems? ARE 3 OR MORE J2 ANSWERS CODED YES? * IF YES, SKIP J3 QUESTIONS, CIRCLE N/A IN THE ABUSE BOX AND MOVE TO THE NEXT DISORDER. DEPENDENCE PREEMPTS ABUSE. <div style="text-align: center;">NO YES* ALCOHOL DEPENDENCE CURRENT</div>		
H	In the past 12 months: Have you been intoxicated, high, or hungover more than once when you had other responsibilities at school, at work, or at home? Did this cause any problems? (CODE YES ONLY IF THIS CAUSED PROBLEMS.)		
I	Were you intoxicated more than once in any situation where you were physically at risk,for example, driving a car, riding a motorbike, using machinery, boating, etc.?		
J	Did you have legal problems more than once because of your drinking, for example, an arrest or disorderly conduct?		
K	Did you continue to drink even though your drinking caused problems with your family or other people? ARE 1 OR MORE J3 ANSWERS CODED YES?		

F. AGORAPHOBIA

F1	Do you feel anxious or uneasy in places or situations where you might have a panic attack or the panic-like symptoms we just spoke about, or where help might not be available or escape might be difficult: like being in a crowd, standing in a line (queue), when you are alone away from home or alone at home, or when crossing a bridge, traveling in a bus, train or car? IF F1 = NO , CIRCLE NO IN F2 .	NO	YES
F2	Do you fear these situations so much that you avoid them, or suffer through them, or need a companion to face them?	NO	YES <i>AGORAPHOBIA CURRENT</i>

NO	YES
IS F2 (CURRENT AGORPHOBOIA) CODED NO	PANIC DISORDER <i>without Agoraphobia</i> CURRENT
AND	
IS E7 (CURRENT PANIC DISORDER) CODED YES?	
IS F2 (CURRENT AGORPHOBOIA) CODED YES	PANIC DISORDER <i>with Agoraphobia</i> CURRENT
AND	
IS E7 (CURRENT PANIC DISORDER) CODED NO?	
IS F2 (CURRENT AGORPHOBOIA) CODED YES	PANIC DISORDER <i>without Agoraphobia</i> CURRENT
AND	
IS E7 (PANIC DISORDER LIFETIME) CODED YES?	

G.SOCIAL PHOBIA (Social Anxiety Disorder)

G1	In the past month, were you fearful or embarrassed being watched, being the focus of attention, or fearful of being humiliated? This includes things like speaking in public, eating in public or with others, writing while someone watches, or being in social situations.	→ NO	YES
G2	Is this social fear excessive or unreasonable?	→ NO	YES
G3	Is this social fear excessive or unreasonable?	→ NO	YES
G4	<p>Do these social fears disrupt your normal work or social functioning or cause you significant distress? NO YES</p> <p>SOCIAL PHOBIA (SOCIAL ANXIETY DISORDER) SUBTYPE (CURRENT)</p> <p>Do you fear and avoid 4 or more social situations? GENERALIZED <input type="checkbox"/></p> <p>If YES Generalized social phobia (social anxiety disorder) NON GENERALIZED <input type="checkbox"/></p> <p>If NO Non-generalized social phobia (social anxiety disorder)</p> <p>NOTE TO INTERVIEWER: PLEASE ASSESS WHETHER THE SUBJECT'S FEARS ARE RESTRICTED TO NON-GENERALIZED ("ONLY 1 OR SEVERAL") SOCIAL SITUATIONS OR EXTEND TO GENERALIZED ("MOST") SOCIAL SITUATIONS. "MOST" SOCIAL SITUATIONS IS USUALLY OPERATIONALIZED TO MEAN 4 OR MORE SOCIAL SITUATIONS, ALTHOUGH THE DSM-IV DOES NOT EXPLICITLY STATE THIS.</p> <p>EXAMPLES OF SUCH SOCIAL SITUATIONSTYPICALLY INCLUDE INITIATING OR MAINTAINING A CONVERSATION, PARTICIPATING IN SMALL GROUPS, DATING, SPEAKING TO AUTHORITY FIGURES, ATTENDING PARTIES, PUBLIC SPEAKING,EATING IN FRONT OF OTHERS, URINATING IN A PUBLIC WASHROOM, ETC.</p>		

H. OBSESSIVE -COMPULSIVE DISORDER

(**➤Means: GO TO THE DIAGNOSTIC BOX, CIRCLE NO AND MOVE TO THE NEXT MODULE**)

H1	In the past month, have you been bothered by recurrent thoughts, impulses, or images that were unwanted, distasteful, inappropriate, intrusive, or distressing? (For example, the idea that you were dirty, contaminated or had germs, or fear of contaminating others, or fear of harming someone even though you didn't want to, or fearing you would act on some impulse, or fear or superstitions that you would be responsible for things going wrong, or obsessions with sexual thoughts, images or impulses, or hoarding, collecting, or religious obsessions.) (DO NOT INCLUDE SIMPLY EXCESSIVE WORRIES ABOUT REAL LIFE PROBLEMS. DO NOT INCLUDE OBSESSIONS DIRECTLY RELATED TO EATING DISORDERS, SEXUAL DEVIATIONS, PATHOLOGICAL GAMBLING, OR ALCOHOL OR DRUG ABUSE BECAUSE THE PATIENT MAY DERIVE PLEASURE FROM THE ACTIVITY AND MAY WANT TO RESIST IT ONLY BECAUSE OF ITS NEGATIVE CONSEQUENCES.)	NO ↓ SKIP TO H4	YES
H2	Did they keep coming back into your mind even when you tried to ignore or get rid of them? ↓	NO	YES SKIP TO H4
H3	Do you think that these obsessions are the product of your own mind and that they are not imposed from the outside?	NO	YES obsessions
H4	In the past month, did you do something repeatedly without being able to resist doing it, like washing or cleaning excessively, counting or checking things over and over, or repeating, collecting, arranging things, or other superstitious rituals? IS H3 OR H4 CODED YES	NO → NO	YES compulsions YES
H5	Did you recognize that either these obsessive thoughts or these compulsive behaviors were excessive or unreasonable?	→ NO	YES
H6	Did these obsessive thoughts and/or compulsive behaviors significantly interfere with your normal routine, your work or school, your usual social activities, or relationships, or did they take more than one hour a day?	NO	YES O.C.D CURRENT

K. NON-ALCOHOL PSYCHOACTIVE SUBSTANCE USE DISORDERS

K1 a	<p>Now I am going to show you / read to you a list of street drugs or medicines.</p> <p>In the past 12 months, did you take any of these drugs more than once, to get high, to feel better, or to change your mood?</p> <p>CIRCLE EACH DRUG TAKEN:</p> <p>Stimulants: amphetamines, "speed", crystal meth, "crank", "rush", Dexedrine, Ritalin, diet pills.</p> <p>Cocaine: snorting, IV, freebase, crack, "speedball".</p> <p>Narcotics: heroin, morphine, Dilaudid, opium, Demerol, methadone, codeine, Percodan, Darvon, OxyContin.</p> <p>Hallucinogens: LSD ("acid"), mescaline, peyote, PCP ("angel dust", "peace pill"), psilocybin, STP, "mushrooms", "ecstasy", MDA, MDMA, or ketamine ("special K").</p> <p>Inhalants: "glue", ethyl chloride, "rush", nitrous oxide ("laughing gas"), amyl or butyl nitrate ("poppers").</p> <p>Marijuana: hashish ("hash"), THC, "pot", "grass", "weed", "reefer".</p> <p>Tranquilizers: Quaalude, Seconal ("reds"), Valium, Xanax, Librium, Ativan, Dalmane, Halcion, barbiturates, Miltown, GHB, Roofinol, "Roofies".</p> <p>Miscellaneous: steroids, nonprescription sleep or diet pills. Any others?</p> <p>SPECIFY MOST USED DRUG(S): _____</p> <p>ONLY ONE DRUG / DRUG CLASS HAS BEEN USED</p> <p>ONLY THE MOST USED DRUG CLASS IS INVESTIGATED.</p> <p>EACH DRUG CLASS USED IS EXAMINED SEPARATELY (PHOTOCOPY K2 AND K3 AS NEEDED)</p> <p>SPECIFY WHICH DRUG/DRUG CLASS WILL BE EXPLORED IN THE INTERVIEW BELOW IF THERE IS</p>	<p>→</p> <p>NO</p> <p>YES</p>
	<p>b</p> <p>CONCURRENT OR SEQUENTIAL POLYSUBSTANCE USE: _____</p>	<p>CHECK ONE BOX</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

K2	<p>Considering your use of (NAME THE DRUG / DRUG CLASS SELECTED), in the past 12 months:</p> <p>a Have you found that you needed to use more (NAME OF DRUG / DRUG CLASS SELECTED) to get the same effect that you did when you first started taking it?</p> <p>b When you reduced or stopped using (NAME OF DRUG / DRUG CLASS SELECTED), did you have withdrawal symptoms (aches, shaking, fever, weakness, diarrhea, nausea, sweating, heart pounding, difficulty sleeping, or feeling agitated, anxious, irritable, or depressed)? Did you use any drug(s) to keep yourself from getting sick (withdrawal symptoms) or so that you would feel better?</p> <p>c IF YES TO EITHER, CODE YES. Have you often found that when you used (NAME OF DRUG / DRUG CLASS SELECTED), you ended up taking more than you thought you would?</p> <p>d Have you tried to reduce or stop taking (NAME OF DRUG / DRUG CLASS SELECTED) but failed?</p> <p>e On the days that you used (NAME OF DRUG / DRUG CLASS SELECTED), did you spend substantial time (>2 HOURS), obtaining, using or in recovering from the drug, or thinking about the drug?</p> <p>f Did you spend less time working, enjoying hobbies, or being with family or friends because of your drug use?</p> <p>g Have you continued to use (NAME OF DRUG / DRUG CLASS SELECTED), even though it caused you health or mental problems?</p> <p>ARE 3 OR MORE K2 ANSWERS CODED YES? SPECIFY DRUG(S): _____</p> <p>* IF YES, SKIP K3 QUESTIONS, CIRCLE N/A IN THE ABUSE BOX FOR THIS SUBSTANCE AND MOVE TO THE NEXT DISORDER. DEPENDENCE PREEMPTS ABUSE.</p>	<p>NO</p> <p>YES</p>
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K3	Considering your use of (NAME THE DRUG CLASS SELECTED), in the past 12 months:	NO	YES*
a	Have you been intoxicated, high, or hungover from (NAME OF DRUG / DRUG CLASS SELECTED) more than once, when you had other responsibilities at school, at work, or at home?		
b	Did this cause any problem? (CODE YES ONLY IF THIS CAUSED PROBLEMS.) Have you been high or intoxicated from (NAME OF DRUG / DRUG CLASS SELECTED) more than once in any situation where you were physically at risk (for example, driving a car, riding a motorbike, using machinery, boating, etc.)?		
c	Did you have legal problems more than once because of your drug use, for example, an arrest or disorderly conduct?	NO	YES
d	Did you continue to use (NAME OF DRUG / DRUG CLASS SELECTED), even though it caused problems with your family or other people?		
	ARE 1 OR MORE K3 ANSWERS CODED YES? SPECIFY DRUG(S): _____	NO	N/A YES SUBSTANCE ABUSE CURRENT

L.PSYCHOTIC DISORDERS AND MOOD DISORDER WITH PSYCHOTIC FEATURES

Ask for an example of each question answered positively. Code **yes** only if the examples clearly show a distortion of thought or of perception or if they are not culturally appropriate. Before coding, investigate whether delusions qualify as "bizarre". Delusions are "bizarre" if: clearly implausible, absurd, not understandable, and cannot derive from ordinary life experience. Hallucinations are scored "bizarre" if: a voice comments on the person's thoughts or behavior, or when two or more voices are conversing with each other.

Now I am going to ask you about unusual experiences that some people have.

BIZARRE

S.NO	PARTICULARS	NO	YES	YES
LI a	Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you? NOTE: ASK FOR EXAMPLES TO RULE OUT ACTUAL STALKING.			
b	IF YES OR YES BIZARRE: do you currently believe these things?			
L2 a	Have you ever believed that someone was reading your mind or could hear your thoughts, or that you could actually read someone's mind or hear what another person was thinking?			
b	IF YES OR YES BIZARRE: do you currently believe these things?			
L3 a	Have you ever believed that someone or some force outside of yourself put thoughts in your mind that were not your own, or made you act in a way that was not your usual self? Have you ever felt that you were possessed?			
b	CLINICIAN: ASK FOR EXAMPLES AND DISCOUNT ANY THAT ARE NOT PSYCHOTIC. IF YES OR YES BIZARRE: do you currently believe these things?			
L4 a	Have you ever believed that you were being sent special messages through the TV, radio, or newspaper, or that a person you did not personally know was particularly interested in you?			
b	IF YES OR YES BIZARRE: do you currently believe these things?			
15	Have your relatives or friends ever considered any of your beliefs strange or unusual? INTERVIEWER: ASK FOR EXAMPLES. ONLY CODE YES IF THE EXAMPLES ARE CLEARLY			

b	<p>DELUSIONAL IDEAS NOT EXPLORED IN QUESTIONS L1 TO L4, FOR EXAMPLE, SOMATIC OR RELIGIOUS DELUSIONS OR DELUSIONS OF GRANDIOSITY, JEALOUSY, GUILT, RUIN OR DESTITUTION, ETC.</p> <p>IF YES OR YES BIZARRE: do they currently consider your beliefs strange?</p>			
L6 a	<p>Have you ever heard things other people couldn't hear, such as voices?</p> <p>HALLUCINATIONS ARE SCORED "BIZARRE" ONLY IF PATIENT ANSWERS YES TO THE FOLLOWING:</p> <p>IF YES: Did you hear a voice commenting on your thoughts or behavior or NO YES</p> <p>did you hear two or more voices talking to each other?</p> <p>IF YES OR YES BIZARRE TO L6a: have you heard these things in the past month?</p> <p>HALLUCINATIONS ARE SCORED "BIZARRE" ONLY IF PATIENT ANSWERS YES TO THE FOLLOWING:</p> <p>IF YES Did you hear a voice commenting on your thoughts or behavior or did you hear two or more voices talking to each other?</p>			
b	<p>IF YES OR YES BIZARRE TO L6a: have you heard these things in the past month?</p> <p>HALLUCINATIONS ARE SCORED "BIZARRE" ONLY IF PATIENT ANSWERS YES TO THE FOLLOWING:</p> <p>Did you hear a voice commenting on your thoughts or behavior or did you hear two or more voices talking to each other?</p>			
L7 a	<p>Have you ever had visions when you were awake or have you ever seen things other people couldn't see?</p>			
b	<p>CLINICIAN: CHECK TO SEE IF THESE ARE CULTURALLY INAPPROPRIATE.</p> <p>IF YES: have you seen these things in the past month?</p>			
L8 b	<p>CLINICIAN'S JUDGMENT</p> <p>IS THE PATIENT CURRENTLY EXHIBITING INCOHERENCE, DISORGANIZED SPEECH, OR MARKED LOOSENING OF ASSOCIATIONS?</p>			
L9b	<p>IS THE PATIENT CURRENTLY EXHIBITING DISORGANIZED OR CATATONIC BEHAVIOR?</p>			
L10 b	<p>ARE NEGATIVE SYMPTOMS OF SCHIZOPHRENIA, E.G. SIGNIFICANT AFFECTIVE FLATTENING, POVERTY OF SPEECH (ALOGIA) OR AN INABILITY TO INITIATE OR PERSIST IN GOAL-DIRECTED ACTIVITIES (AVOLITION), PROMINENT DURING</p>			
L11a	<p>THE INTERVIEW?</p> <p>ARE 1 OR MORE « a » QUESTIONS FROM L1a TO L7a CODED YES OR YES BIZARRE AND IS EITHER:</p> <p>MAJOR DEPRESSIVE EPISODE, (CURRENT OR RECURRENT)</p>			

	<p>OR MANIC OR HYPOMANIC EPISODE, (CURRENT OR PAST) CODED YES?</p> <p>IF NO TO L11 a, CIRCLE NO IN BOTH 'MOOD DISORDER WITH PSYCHOTIC FEATURES' DIAGNOSTIC BOXES AND MOVE TO L13</p>			
<p>L12 a</p> <p>B</p> <p>L12 a</p>	<p>.</p> <p>You told me earlier that you had period(s) when you felt (depressed/high/persistently irritable). Were the beliefs and experiences you just described (SYMPTOMS CODED YES FROM L1a TO L7a) restricted exclusively to times when you were feeling depressed/high/irritable?</p> <p>IF THE PATIENT EVER HAD A PERIOD OF AT LEAST 2 WEEKS OF HAVING THESE BELIEFS OR EXPERIENCES (PSYCHOTIC SYMPTOMS) WHEN THEY WERE NOT DEPRESSED/HIGH/IRRITABLE, CODE NO TO THIS DISORDER.</p> <p>IF THE ANSWER IS NO TO THIS DISORDER, ALSO CIRCLE NO TO L12 AND MOVE T</p> <p>PSYCHOTIC FEATURES</p> <p>LIFETIME</p> <p>ARE 1 OR MORE « b » QUESTIONS FROM L1b TO L7b CODED YES OR YES BIZARRE AND IS EITHER:</p> <p>MAJOR DEPRESSIVE EPISODE, (CURRENT)</p> <p>OR</p> <p>MANIC OR HYPOMANIC EPISODE, (CURRENT) CODED YES?</p> <p>IF THE ANSWER IS YES TO THIS DISORDER (LIFETIME OR CURRENT), CIRCLE NO TO L13 AND L14 AND MOVE TO THE NEXT MODULE.</p> <p>NO YES</p> <p>MOOD DISORDER WITH PSYCHOTIC FEATURES</p> <p>CURRENT</p>			

M. ANOREXIA NERVOSA

SNO	PARTICULARS	NO	YES
M1	<p>a How tall are you.?</p> <p>b. What was your lowest weight in the past 3 months?</p> <p>c IS PATIENT'S WEIGHT EQUAL TO OR BELOW THE THRESHOLD CORRESPONDING TO NO YES HIS / HER HEIGHT? (SEE TABLE BELOW)</p> <p>In the past 3 months:</p> <p><input type="checkbox"/></p> <p>M2 In spite of this low weight, have you tried not to gain weight?</p> <p><input type="checkbox"/></p> <p>M3 Have you intensely feared gaining weight or becoming fat, even though you were underweight?</p> <p>M4 a Have you considered yourself too big / fat or that part of your body was too big / fat?</p> <p>b Has your body weight or shape greatly influenced how you felt about yourself?</p> <p>c Have you thought that your current low body weight was normal or excessive?</p> <p><input type="checkbox"/></p> <p>M5 ARE 1 OR MORE ITEMS FROM M4 CODED YES? NO YES</p> <p><input type="checkbox"/></p> <p>M6 FOR WOMEN ONLY: During the last 3 months, did you miss all your menstrual periods when they were expected to occur (when you were not pregnant)?</p> <p>FOR WOMEN: ARE M5 AND M6 CODED YES?</p> <p>FOR MEN: IS M5 CODED YE</p>	<p><input type="text"/> ft</p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/> in</p> <p><input type="text"/> cm.</p> <p><input type="text"/> lb</p> <p><input type="text"/> kgS</p>

N. BULIMIA NERVOSA

N1	PARTICULARS	NO	YES
N1	In the past three months, did you have eating binges or times when you ate a very large amount of food within a 2-hour period?		
N2	In the last 3 months, did you have eating binges as often as twice a week?		
N3	During these binges, did you feel that your eating was out of control?		
N4	Did you do anything to compensate for, or to prevent a weight gain from these binges, like vomiting, fasting, exercising or taking laxatives, enemas, diuretics (fluid pills), or other medications?		
N5	Does your body weight or shape greatly influence how you feel about yourself?		
N6	DO THE PATIENT'S SYMPTOMS MEET CRITERIA FOR ANOREXIA NERVOSA?		
N7	Do these binges occur only when you are under (lbs./kgs.)?		
N8	INTERVIEWER: WRITE IN THE ABOVE PARENTHESIS THE THRESHOLD WEIGHT FOR THIS PATIENT'S HEIGHT FROM THE HEIGHT / WEIGHT TABLE IN THE ANOREXIA NERVOSA MODULE. IS N5 CODED YES AND IS EITHER N6 OR N7 CODED NO?		

O. GENERALIZED ANXIETY DISORDER

S.NO	PARTICULARS	NO	YES
O1 a	Have you worried excessively or been anxious about several things over the past 6 months?	→	
B	Are these worries present most days? IS THE PATIENT'S ANXIETY RESTRICTED EXCLUSIVELY TO, OR BETTER EXPLAINED BY, ANY DISORDER PRIOR TO THIS POINT?	→	→
O2	Do you find it difficult to control the worries or do they interfere with your ability to focus on what you are doing?	→	
O3	FOR THE FOLLOWING, CODE NO IF THE SYMPTOMS ARE CONFINED TO FEATURES OF ANY DISORDER EXPLORED PRIOR TO THIS POINT. a When you were anxious over the past 6 months, did you, most of the time: b Feel restless, keyed up or on edge? c Feel tense? d Feel tired, weak or exhausted easily? e Have difficulty concentrating or find your mind going blank? f Feel irritable? Have difficulty sleeping (difficulty falling asleep, waking up in the middle of the night, early morning waking or sleeping excessively)?		
<p>ARE 3 OR MORE O3 ANSWERS CODED YES?</p> <p>NO YES</p> <p>GENERALIZED ANXIETY DISORDER</p> <p>CURRENT</p>			

P. ANTISOCIAL PERSONALITY DISORDER (optional)

(☐ MEANS: GO TO THE DIAGNOSTIC BOX AND CIRCLE NO.)

S.NO	PARTICULORS	NO	YES
P1	Before you were 15 years old, did you:		
a)	Repeatedly skip school or run away from home overnight?	→	
b)	Repeatedly lie, cheat, "con" others, or steal? Start fights or bully, threaten, or intimidate others?		
c)	Deliberately destroy things or start fires? Deliberately hurt animals or people?		
d)	Force someone to have sex with you?		
e)	ARE 2 OR MORE P1 ANSWERS CODED YES? DO NOT CODE YES TO THE BEHAVIORS		
f)	BELOW IF THEY ARE EXCLUSIVELY POLITICALLY OR RELIGIOUSLY MOTIVATED.		
P2	Since you were 15 years old, have you:		
	Repeatedly behaved in a way that others would Repeatedly behaved in a way that others would consider irresponsible, like Failing to pay for things you owed, deliberately being impulsive or deliberately Not working to support yourself? done things that are illegal even if you didn't get caught		
B	(for example, destroying no yesProperty, shoplifting, stealing, selling drugs, or committing a felony)? been in physical fights repeatedly (including physical fights with your no yes		
C	Spouse or children)? often lied or "conned" other people to get money or pleasure, or lied just no yes		
D	For fun? exposed others to danger without caring? No yes		
E	felt no guilt after hurting, mistreating, lying to, or stealing from others, or no yes		
F	After damaging property? Are 3 or more p2 questions coded yes?		

APPENDIX – VII

Socio demographic variables –Tamil

சமூககுடியியல் குறிப்பு

மாதிரி எண்:

வெளிநோயாளி பிரிவு எண்:

வரிசை எண்:

நாள் :

1. வயது

()

- அ. 20 வயதிற்கும் கீழ்
- ஆ. 21 - 30 வயது வரை
- இ. 31 - 40 வயது வரை
- ஈ. 41 - 50 வயது வரை
- உ. 50 வயதிற்கும் மேல்

2. மதம்

()

- அ.இந்து
- ஆ.கிறிஸ்தியன்
- இ.முஸ்லிம்
- ஈ. மற்றவர்கள்

3. இருப்பிடம்

()

- அ. நகரம்
- ஆ. கிராமம்
- இ. புறநகரம்

4. திருமணம்

()

- அ.மணமாகவில்லை
- ஆ.மணமானவர்
- இ.பிரிந்து வாழ்பவர்
- ஈ.விவாகரத்தானவர்

5. குடும்பத்தின் தன்மை

()

- அ. தனிக்குடும்பம்
- ஆ. கூட்டுக்குடும்பம்

6. கல்வித் தகுதி ()

- அ. மரபுசாரா கல்வி
- ஆ. ஆரம்பக் கல்வி
- இ. உயர்நிலைக் கல்வி
- ஈ. மேல்நிலைக் கல்வி
- உ. பட்டப்படிப்பு மற்றும் அதற்கும் மேல்

7. தொழில் ()

- அ. தனியார் தொழில்
- ஆ. அரசு ஊழியர்
- இ. கூலித்தொழில்
- ஈ. சுயதொழில்
- உ. வேலையின்மை

8. குடும்ப மாத வருமானம் ()

- அ. ரூ.5000 க்கும் குறைவு
- ஆ. ரூ.5001 முதல் ரூ. 10,000 வரை
- இ. ரூ.10,000 க்கும் மேல்

9. மதுபானம் குடிக்க ஆரம்பித்த வயது ()

- அ. 20 வயதிற்குக் கீழ்
- ஆ. 21 முதல் 25 வயது வரை
- இ. 26 வயது முதல் 30 வயது வரை
- ஈ. 30 வயதிற்கும் மேல்

10. மதுபானம் அருந்தும் காலங்கள் ()

- அ. 5 வருடங்களுக்கும் குறைவு
- ஆ. 6 வருடங்கள் முதல் 10 வருடங்கள் வரை
- இ. 11 வருடங்கள் முதல் 15 வருடங்கள் வரை
- ஈ. 15 வருடங்களுக்கும் மேல்

11. வாரத்தில் எத்தனை நாள் மது அருந்துவீர்கள்? ()

- அ. ஒரு நாள்
- ஆ. 2 முதல் 3 நாட்கள்
- இ. 4 முதல் 6 நாட்கள்
- ஈ. தினந்தோறும்

12. ஒரு நாளில் அருந்தும் மதுநுகர் அளவு ()

- அ. 90 மி.லி. முதல் 180 மி.லி. வரை
- ஆ. 181 மி.லி. முதல் 270 மி.லி. வரை
- இ.. 271 மி.லி. முதல் 360 மி.லி. வரை
- ஈ. 360 மி.லி.க்கும் மேல்

13. பரம்பரையில் யாரேனும் மது அருந்துவார்களா? ()

- அ. ஆம்
- ஆ. இல்லை

14. கடந்த காலத்தில் மது அருந்தாமல் இருக்க முயற்சித்தீர்களா ? ()

- அ. ஆம்
- ஆ. இல்லை

APPENDIX – VIII

Research Tool – Tamil

மினிஆராய்ச்சி கருவி

நன்றாக படித்து கூற்றை ஆம் அல்லது இல்லை என்று வட்டமிடவும் மற்றும் அடுத்த கூற்றுக்கு செல்லவும்.

மாதிரி எண்:

வயது:

பாலினம்:

தேதி:

இடம்:

அதிகப்படியான மனச்சோர்வு நிகழ்வு

வ.எண்	விபரங்கள்	இல்லை	ஆம்
அ1	உங்களுக்கு தொடர்ந்து நாள் முழுவதும் மன சோர்வு இருந்திருக்கிறதா?	இல்லை	ஆம்
அ2	கடந்த இரண்டு வாரங்களில் எந்த வேலையிலும் ஈடுபாடு மற்றும் சந்தோஷம் இல்லாமலும், இருந்தீர்களா?	இல்லை	ஆம்
குறியீடு அ1 அல்லது அ2 இருந்தால் ஆம்?		இல்லை → ஆம்	
அ3	கடந்த இரு வாரங்களில் எப்பொழுதாவது நீங்கள் மன சோர்வு (அல்லது) எதிலும் நாட்டமில்லாதது போல் உணர்ந்தீர்களா?		
ஆ	தினமும் உங்களுக்கு பசி தன்மை அதிகமாகவோ, குறைவாகவோ இருந்திருக்கிறதா? ஆம் எனில் இது அல்லது அது, குறியீடு ஆம்	இல்லை	ஆம்*
ஆ	நீங்கள் எல்லா இரவு நேரங்களிலும் தூங்குவதற்கு சிரமப்பட்டதுண்டா?	இல்லை	ஆம்
இ	நீங்கள் எல்லா நாட்களிலும் சோர்வாகவும் தளர்வாகவும் இருக்கிறீர்கள் என்று உணர்ந்ததுண்டா ?	இல்லை	ஆம்*
ஈ	நான் குற்ற உணர்வுடனும், என்னால் யாருக்கும் பலனில்லை என்று உணர்ந்ததுண்டா?	இல்லை	ஆம்
ஊ	உங்களுக்கு எல்லா நாட்களிலும் முடிவெடுப்பதில் சிரமம் ஏற்பட்டது உண்டா?	இல்லை	ஆம்
ஊ	உங்களை நீங்கள் தொடர்ந்து துன்புறுத்திகெள்வோம் தற்கொலை செய்துகொள்வோம் என்று உணர்ந்ததுண்டா?	இல்லை	ஆம்
ஐந்து அல்லது அதற்கு மேல் விடைகள்(அ1 - அ3) குறியீடு ஆம்?		இல்லை → ஆம்*	
தற்பொழுது அதிக மன சோர்வு நிகழ்வு			

நோயாளி தற்பொழுது அதிக மனசோர்வு நிகழ்வு தொடர்ந்தால் அ4 ஐ தொடரவும் இல்லையெனில் ஆ தொகுதிக்கு செல்லவும்.

அ4(அ1)	உங்கள் வாழ்நாளில் 2 வாரங்களில் அல்லது அதற்கு மேல் எப்பொழுதாவது நீங்கள் முன சோர்வு (அல்லது) எந்த செயல்களிலும் ஈடுபாடு இல்லாமலும் பிரச்சனைகளை பற்றி பேசினீர்களா?	இல்லை	ஆம்
அ2	ஒவ்வொரு மன சோர்வு நிகழ்வுக்கு பிறகும் குறைந்தது 2 மாத இடைவெளியில் நீங்கள் மன சோர்வு இல்லாமலும் எல்லா செயல்களிலும் ஈடுபாடுடன் இருந்தீர்களா?	இல்லை	ஆம்
		இல்லை → ஆம்	
மீண்டும் மீண்டும் அதிக மன சோர்வு நிகழ்வு			

உளசோர்வு

நோயாளி தற்பொழுது மன சோர்வு நிகழ்வை சந்தித்திருந்தால் இந்த தொகுப்பினை ஆராய வேண்டாம்

வ.எண்	விபரங்கள்	→ இல்லை	ஆம்
அ1	கடந்த இரண்டு வருடங்களாக எப்பொழுதும் நீங்கள் சோகமாகவும், மன சோர்வு இருந்தது போல உணர்கிறீர்களா?	இல்லை	→ ஆம்
அ2	கடந்த இரண்டு மாதங்கள் அதற்கு மேல் எந்த நாள்கள் பழக்கமான உணர்வுகளை பாதித்தது என்று நினைக்கிறீர்களா?	இல்லை	ஆம்
அ3	இந்த சமயத்தின்பொழுது அதிக நேரங்களில் மன அழுத்தம்		
1.	உங்களுடைய பசி உணர்வுகளில் மாற்றம் ஏற்படுகிறதா?	இல்லை	ஆம்
2.	நீங்கள் தூக்கத்திற்கு சிரமப்படுகிறீர்களா? இல்லை அதிகமாக தூங்குகிறீர்களா?	இல்லை	ஆம்
3	நீங்கள் எப்பொழுதும் சோர்வாக உணர்கிறீர்களா?	இல்லை	ஆம்
4.	முடிவு எடுப்பதில் சிரமப்படுகிறீர்களா?	இல்லை	ஆம்
5.நீங்கள் எப்பொழுதும் நம்பிக்கையற்ற உணர்வில் இருக்கிறீர்களா?		இல்லை	ஆம்
இரண்டு அல்லது அதற்கு மேல் பதில் இருந்தால் ஆம் குறியீடு வழங்கவும்		→ இல்லை	ஆம்
அ4	மன சோர்விற்கானிற்றான அறிகுறிகளே துயரமான சிந்தனை வேலை பலவீனமாதல் ஆகியவற்றிற்கு முக்கியகாரணங்களாக இருக்கும் என்று உணர்கிறீர்களா?	இல்லை ஆம் தற்பொழுது_உளசோர்வு	

தற்கொலை எண்ணம்

முந்தைய மாதங்களில் நீங்கள் செய்தது

எப்போதாவது	இளநிலை
அடிக்கடி	மிதமான
திரும்பத்திரும்ப	தீவிரமான

வ.எண்	விபரங்கள்	இல்லை	ஆம்	புள்ளிகள்
இ1	ஏதாவது விபத்துகளில் பாதிக்கப்பட்டதுண்டா? இ1 இல்லையன்றால் இ2 க்கு செல்லவும் ஆம் எனில் இ1ஆ கேட்கவும்	இல்லை	ஆம்	0
இ1அ	இந்த விபத்து உங்களை தீவிரமாக காயப்படுத்தியதுண்டா? இ1 இல்லையன்றால் இ2 க்கு செல்லவும் ஆம் எனில் இ1ஆ கேட்கவும்	இல்லை	ஆம்	0
இ1ஆ	இந்த விபத்தின் மூலம் நீங்கள் இறந்து விடுவோம் என்று உத்தேசித்தது உண்டா?	இல்லை	ஆம்	0
இ2	இறந்திருந்தால் பரவாயில்லை என்று நினைக்கிறீர்களா?	இல்லை	ஆம்	1
இ3	உங்களை நீங்களே காயப்படுத்திக் கொள்ள வேண்டும் என்று விருப்பப்படுகிறீர்களா?	இல்லை	ஆம்	2
இ4	தற்கொலை எண்ணம் தேன்றியது உண்டா?	இல்லை	ஆம்	6
	ஆம் எனில் தற்கொலை எண்ணத்தின் தீவிரம் மற்றும் எத்தனை முறை என்று கேட்கவும் <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div>			
இ5	தற்கொலை செய்ய முயற்சித்ததுண்டா?	இல்லை	ஆம்	8
இ6	நீங்கள் இறப்பதற்காக உங்களை நீங்களே காயப்படுத்திக்கொண்டோ அல்லது தற்கொலைக்கு முயற்சி செய்ததுண்டா?	இல்லை	ஆம்	8
இ7	உங்களை நீங்கள் கொல்லவேண்டும் என்பதற்காக வேண்டுமென்றே காயப்படுத்தியது உண்டா?	இல்லை	ஆம்	9
இ8	எப்பொழுதும் தற்கொலைக்கு முயற்சி செய்து கொண்டிருக்குறிர்களா?	இல்லை	ஆம்	10

குறைந்தது மேலே உள்ள பதில்கள் ஒன்று இருந்தால் ஆம் குறியீடு (இ1-ஐ தவிர)

ஆம் எனில் மொத்த புள்ளிகளின் எண்ணிக்கையிலான பதில்கள் (இ1 - இ8)
ஆம் எனில் தற்கொலை எண்ணத்தின் தீவிரத்தை சுட்டிக்காட்டி கண்டறியும் பெட்டி

இல்லை ஆம்
தற்பொழுது தற்கொலை அபாயம்
1-8 குறைந்த புள்ளிகள்
9-16 மிதமான புள்ளிகள்
>17 அதிகமான புள்ளிகள்

மன எழுச்சி மந்த நோய்

வ.எண்	விபரங்கள்	இல்லை	ஆம்
ஈ1அ	உங்களுக்கு எப்பொழுதும் எல்லா நேரத்திலும் உங்களுடைய உணர்வுகள் அதிகமாகவும், மகிழ்ச்சியாகவும் இருப்பதற்க்காக நீங்கள் கஷ்டப்பட்டதுண்டா? அல்லது அடுத்தவரின் எண்ணங்களுக்கு நீங்கள் சாதாரணமாக இருந்ததில்லையா?		
	இல்லை எனில் குறியீடு இல்லை., கேட்கவும் ஈ1ஆ		
ஆ	இப்பொழுது நீங்கள் மனஎழுச்சி அதிகமாக இருப்பதாக உணர்கிறீர்களா?		
ஈ2	நீங்கள் பல நாட்கள் அடுத்தவரிடம் மனஎரிச்சல் காரணமாக வீண்விவாதம் வாய்சண்டை, கைசண்டை, குடும்பத்தார் அல்லாதவரிடம் சத்தம்போடுதல் ஆகிய செயல்களில் ஈடுபட்டதுண்டா? இல்லை எனில் குறியீடு இல்லை., கேட்கவும் ஈ2ஆ	இல்லை	ஆம்
ஆ	நீங்கள் மனஎரிச்சலில் உள்ளீர்கள் என்று அடுத்தவர்கள் கவனித்ததுண்டா?	இல்லை	ஆம்
	ஈ1ஆ அல்லது ஈ2ஆ இருந்தால் குறியீடு ஆம்	இல்லை	ஆம்

ஈ3	நீங்கள் தொடர்ந்து மனஎரிச்சலில் இருக்குறீர்கள் என்று உணர்ந்ததுண்டா?				
	எந்த நேரத்தில் நீங்கள் அதிகமான ஆற்றலுடனும் எளிதில் கோபம் அடைகிறீர்கள்:	தற்போதைய நிகழ்வு		முந்தைய நிகழ்வு	
ஆ	நான் ஒரு முக்கியமான நபர் அடுத்தவர்களால் செய்யமுடியாததை என்னால் செய்ய முடியும் என்று உணர்ந்ததுண்டா?	இல்லை	ஆம்	இல்லை	ஆம்
ஆ	குறைவான தூக்கம் போதுமான ஓய்வு என்று உணர்கிறீர்களா?	இல்லை	ஆம்	இல்லை	ஆம்
இ	நீங்கள் இடைவெளி இல்லாமல் பேசி கொண்டிருக்குறீர்களா அல்லது அடுத்தவர்கள் புரிந்துகொள்ள முடியாத அளவுக்கு பேசுகிறீர்களா?	இல்லை	ஆம்	இல்லை	ஆம்
ஈ	எண்ண ஓட்டங்கள் வேகமாக உள்ளதா?	இல்லை	ஆம்	இல்லை	ஆம்
ஊ	சின்ன இடர்பாடுகள் கூட உங்களை திசை திருப்பியது உண்டா?	இல்லை	ஆம்	இல்லை	ஆம்
ஊ	உங்களுடைய வேகமான செயல்கள் (அ) ஓய்வில்லாமை கண்டு அடுத்தவர்கள் உங்களையீது கவலை கொண்டது உண்டா?	இல்லை	ஆம்	இல்லை	ஆம்
ஏ	பாதிப்புகளை உணராமல் உங்களை மகிழ்ச்சி படுத்தியதற்கான செயல்களில் ஈடுபடுத்தியதுண்டா?	இல்லை	ஆம்	இல்லை	ஆம்
ஈ3	3 அல்லது அதற்கு மேல் ஈ3 பதில்கள் இருந்தால் ஆம் குறியீடு முந்தைய நிகழ்வு மற்றும் ஈ1ஆ இருந்தால் இல்லை குறியீடு				
ஈ4	இந்த அறிகுறிகள்கடந்த ஒரு வாரம் இருந்ததால் வீடு, வேலை, சமூக உறவு ஆகியவற்றில் பிரச்சனை இருந்ததாக உணர்கிறீர்களா அல்லது மருத்துவமனையில் இருந்தீர்களா?				
	இந்த நிகழ்வில் ஆராய்ந்தது குறைந்த மன எழுச்சி நோய் மனஎழுச்சி நோய் குறைந்த மன எழுச்சி நோய் குறைந்த மன எழுச்சி நோய்	↓	↓	↓	↓

பீதி

வ.எண்	விபரங்கள்	இல்லை	ஆம்
உ2அ	நீங்கள் எந்த சூழ்நிலையிலாவது திடீரென பயந்தது சங்கடமாகவும் கூச்சமாகவும் மற்ற யாராலும் உணரமுடியாத நிலையை அடைந்தது உண்டா?	→ இல்லை	ஆம்
ஆ	பயம் வந்த பத்து நிமிடத்தில் நீங்கள் மயக்கம் அடைந்தது உண்டா?	→ இல்லை	ஆம்
உ4	அந்த நேரத்தில் உங்களுக்கு நினைவு இருக்குமா?		
ஆ	நீங்கள் பீதியில் இருக்கும் போது உங்கள் இதயம் வேகமாக துடித்தது உண்டா?	இல்லை	ஆம்
ஆ	நீங்கள் பயந்த சூழ்நிலையில் இருக்கும் போது உங்கள் கைகள் திடீரென வியர்த்தது உண்டா?	இல்லை	
இ	நீங்கள் பயத்தில் இருக்கும் போது உங்கள் கை, கால்கள் நடுங்குகின்றனவா?	இல்லை	ஆம்
ஈ	நீங்கள் பயத்தில் இருக்கும் போது மூச்சு திணறல் உண்டாயிருக்கிறதா?	இல்லை	ஆம்
ஊ	நீங்கள் பயத்தில் இருக்கும் போது உங்கள் தொண்டை அடைத்தது போல் உணர்கிறீர்களா?	இல்லை	ஆம்
ஊ	பயத்தில் இருக்கும்போது நெஞ்சுவலி, அழுத்தம் அல்லது உடல்நலம் குறைவது போல உணர்ந்தீர்களா?	இல்லை	ஆம்
ஏ	பயத்தில் இருக்கும்போது வாந்தி, வயிற்றுப்போக்கு இருந்தது உண்டா?	இல்லை	ஆம்
ஏ	பீதியான சூழ்நிலையில் திடீரென மயக்கம் வந்தது உண்டாவது போல உணர்ந்தீர்களா?	இல்லை	ஆம்
ஐ	நீங்கள் தெரியாத சூழ்நிலையில் இருக்கும் போது உங்கள் உடல் உங்களிடம் இல்லாதது போல உணர்கிறீர்களா?	இல்லை	ஆம்
ஒ	நீங்கள் பயத்தில் இருக்கும் போது உங்களை கட்டுப்படுத்த இயலவில்லையா?	இல்லை	ஆம்
ஒ	நீங்கள் பயத்தில் இருக்கும் போது இறப்பது போல உணர்கிறீர்களா?	இல்லை	ஆம்
ஒள	நீங்கள் பயத்தில் இருக்கும் போது உங்கள் உடம்பு கூசுகிறதா?	இல்லை	ஆம்
ஒள1	நீங்கள் பயத்தில் இருக்கும் போது வெப்ப ஒளிர்கீற்று இருப்பது போல உணர்கிறீர்களா		
உ5	நான்கு அல்லது அதற்கு மேல் உ4 பதில்கள் இருந்தால் குறியீடு ஆம் இல்லை எனில் உ5 இல் இருந்து உ7 க்கு செல்லவும்	இல்லை	ஆம் (பீதி நோய் வாழ்க்கை முழுவதும்)
உ6	உ5 இல்லை எனில் ஏதாவது உ4 பதில்கள் ஆம் குறியீடு	இல்லை	ஆம் (குறைந்த அறிகுறிகளின் தாக்குதல்)
உ7	முந்தைய மாதங்களில் இது போல தாக்குதல் அடிக்கடி இரண்டு அல்லது அதற்கு மேல் தொடர்ந்து வேறு தாக்குதலுக்கு ஆளானீர்களா?	இல்லை	ஆம் (தற்போதைய பீதி நோய்)

வெளிஅச்சம்

வ.எண்	விபரங்கள்	இல்லை	ஆம்
ஊ 1	நீங்கள் பயத்துடனும், கூச்சத்துடனும் பீதி தாக்குதல் அல்லது பீதிநோய் அறிகுறிகள் போல உணர்ந்ததுண்டா? வரிசையில் நிற்கும்போதும் எப்போதாவது வீட்டை விட்டு வெளியே செல்லும்போதும் (அ) பாலத்தை கடக்கும்போதும், வாகனத்தில் பயணம் செய்யும்போதும், புகைவண்டியில் பயணம் செய்யும்போது யாரும் உதவிக்கு இல்லாத நேரத்திலும் பயந்தது உண்டா?	இல்லை →	ஆம்
ஊ 2	மேலே குறிப்பிட்ட சூழ்நிலையில் இருக்கும்போது அந்த சூழ்நிலையிலிருந்து வெளியில் வரவேண்டும் என்று நினைக்கிறீர்களா (அ) அந்த சூழ்நிலை பயத்தினை உணர்கிறீர்களா?	இல்லை →	ஆம் வெளி அச்சம் தற்பொழுது
	ஊ 1 இருந்தால் குறியீடு ஆம் - தற்போதைய வெளிஅச்சம் ஊ 2 தற்போதைய வெளிஅச்சம் ஆம் குறியீடு — பீதி நோயுடன் வெளிஅச்சம்		

சமூக அச்சம்

வ.எண்	விபரங்கள்	இல்லை	ஆம்
ஓ 1	நீங்கள் இதற்கு முன்பான மாதங்களில் பொதுவான இடத்தில் சாப்பிடும் போதும், பேசும் போதும், சில சமூக சூழ்நிலைகளிலும் உங்களை யாராவது பார்த்துக்கொண்டிருக்கிறார்கள் என்று சங்கடப்பட்டீர்களா?	→ இல்லை	ஆம்
ஓ 2	நீங்கள் தேவையில்லாத சூழ்நிலையில் சமூக அச்சம் அதிகமாவது போல உணர்கிறீர்களா?	→ இல்லை	ஆம்
ஓ 3	நீங்கள் பயந்த சூழ்நிலையில் இருக்கும் போது யாரேனும் உங்களை வேதனைப்படுத்தியது உண்டா?	→ இல்லை	ஆம்
ஓ 4	சமூக அச்சம் உங்களில் அன்றாட வேலைகளை பாதித்தது உண்டா? தற்போதைய சமூக அச்சம் உள்வகை நான்கு அல்லது அதற்கு மேல் உள்ள சமூக சூழ்நிலைகளில் நீங்கள் பயந்து அதை தவிர்த்ததுண்டா? ஆம் எனில் பொதுவான சமூக அச்சம் இல்லையெனில் சமூக அச்சம் இல்லை	இல்லை	ஆம்

.Hமனசுழற்சி நோய்

) → எனில் நோய் அறிகுறி வட்டம் செல்க அல்லது அடுத்த தொகுதி செல்க (

எண்	விவரங்கள்	இல்லை	ஆம்
1H	கடந்த மாதம் நீங்கள் அடிக்கடி வரும் எண்ணங்கள் , துண்டுதல்கள் அல்லது தேவையற்ற ,அருவருப்பான , பொருத்தமற்ற ஊடுருவும் , உருவங்களால் மனதளவில் தொல்லையடைந்தீர்களா ?	↓H செல்க	
2H	உங்களுடைய மன சுழற்சி எண்ணங்களை நீங்கள் புறக்கணிக்க முயற்சி செய்யும் போதும் ,அதிலிருந்து விடுபட முயற்சி செய்யும் போதும் மீண்டும் மீண்டும் வந்து உங்கள் மனதில் நிற்கிறதா?	↓H செல்க	
3H	நீங்கள் விடாப்பிடி எண்ணங்கள் உங்கள் மனதில் இருந்து உருவானதாகவோ அல்லது வெளியில் இருந்து திணிக்கப்பட்டதாகவோ உணருகிறீர்களா?		விடாப்பிடி எண்ணங்கள்
4H	கடந்த மாதம் நீங்கள் எதாவது ஒரு செயலை திரும்ப திரும்ப செய்வதை கட்டுப்படுத்த முடியாமல் அதாவது கை கழுவுதல் அல்லது அதிகபடியாக சுத்தம் செய்தல் , பொருளட்களை எண்ணுதல்,மீண்டும் மீண்டும் சோதனை செய்தல் ,சேகரித்தல் ,வரிசையாக அடுக்குதல் மற்றும் மூடநம்பிக்கை சார்ந்த சடங்குகள் எதேனும் செய்தீர்களா ?		விடாப்பிடி எண்ணங்கள்
3H குறியீடு அல்லது 4H குறியீடு ஆம் எனில்		→	
5H	இந்த விடாப்பிடியான எண்ணங்கள் அல்லது செயல் நடத்தைகள் மிதமிஞ்சி அல்லது நியாயமற்றதாக இருப்பதை நீங்கள் அங்கீகரிக்கின்றீர்களா?	→	
6H	இந்த விடாப்பிடியான எண்ணங்கள் அல்லது செயல் நடத்தைகள் , மற்றும் சாதாரண நடவடிக்கைகள் ,உங்கள் பணி அல்லது பள்ளி ,சமுதாய நடவடிக்கைகள்,அல்லது உறவுகள் ஆகியவற்றை தினமும் ஒரு மணி நேரத்திற்கு மேலாக பாதிக்கிறதா ?	இல்லை ஆம் மனசுழற்சி நோய் நடப்பு	

அதிர்ச்சிக்கு பின்னான அழுத்த நோய்

வ.எண்	விபரங்கள்	இல்லை	ஆம்
சி1	<p>நீங்கள் எப்போதாவது அதிர்ச்சிகரமான சம்பவம் உங்களுக்கு (அ) வேறு யாருக்காவது சம்பவத்தை உணர்ந்திருக்கிறீர்களா?</p> <p>நீங்கள் தீவிர பயத்தில் ஆதரவற்ற, திகிலான சமயத்தில் இருக்குமபோதும் உங்களை நீங்களே தைரியப்படுத்தியது உண்டா?</p> <p>ஏதாவது அதிர்ச்சியான நிகழ்வு நடந்து முடிந்த மாதங்களை திரும்பவும் அந்த அதிர்ச்சியான நிகழ்வை நினைத்து கனவு கண்டது உண்டா?</p> <p>அதிர்ச்சியான நிகழ்வுகளை பற்றிய எண்ணங்கள் அதைப்பற்றி பேசுவதை தவிர்கவேண்டும் என்று நினைக்கிறீர்களா?</p> <p>நீங்கள் அதிர்ச்சியான நிகழ்வு நடந்த இடத்தையோ, செயல்களையோ (அல்லது) நிகழ்விற்கு காரணமான மனிதர்களையோ, தவிர்க நினைத்ததுண்டா?</p> <p>அதிர்ச்சியான நிகழ்விற்கு பிறகு முக்கியமான வேலைகளை நினைவில் வைக்க கஷ்டப்படுகிறீர்களா?</p> <p>சமூக செயல்கள் மற்றும் பொழுதுபோக்குகளில் ஆர்வம் இல்லாமல் இருக்கின்றீர்களா?</p> <p>அடுத்தவரிடமிருந்து விலகி இருக்கிறோம் என்று உணர்கிறீர்களா?</p> <p>உங்கள் உணர்வுகள் உங்களை கூச்சப்பட வைக்கிறதா?</p> <p>உங்கள் வாழ்க்கை குறுகிய நிலையில் மற்றவர்களை விட விரைவில் இறந்து விடுவோம் என்று உணர்கிறீர்களா?</p> <p>முன் மாதங்களில் தூங்குவதற்கு சிலமப்பட்டீர்களா?</p> <p>கடந்த மாதங்களில் நடந்த பிரச்சனைகளினால் உங்கள் வேலை, சமூக செயல்கள் பாதிக்கப்பட்டது உண்டா?</p> <p>மூன்று அல்லது அதற்கு மேல் பதில் அளித்திருந்தால் ஆம் குறியீடு</p>	<p>→</p> <p>இல்லை</p> <p>→</p> <p>இல்லை</p> <p>இல்லை</p> <p>இல்லை</p> <p>இல்லை</p> <p>→</p> <p>இல்லை</p> <p>இல்லை</p> <p>இல்லை</p> <p>இல்லை</p> <p>இல்லை</p>	

.மது நுகர்வு மற்றும் சார்ந்திருத்தல் நோய்

) → எனில் நோய் அறிகுறி வட்டம் செல்க அல்லது அடுத்த தொகுதி செல்க (

எண்	விவரங்கள்	இல்லை	ஆம்
1J	கடந்த பனிரெண்டு மாதங்களில் நீங்கள் மூன்று அல்லது அதற்கு மேற்பட்ட மதுபானங்களை மூன்று மணி நேர காலத்தில் அல்லது மூன்றிற்கு மேற்பட்ட சந்தர்பங்களில் எடுத்து கொண்டீர்களா ?	→	
2Jகடந்த பனிரெண்டு மாதங்களில்			
a	நீங்கள் முதன்முதலில் குடிக்க ஆரம்பிக்கும் போது பெற்ற உணர்வை பெற இன்னும் அதிகமாக குடிக்க வேண்டியது உள்ளதா ?		
b	நீங்கள் குடிப்பதை குறைத்துக்கொண்டால் கை நடுக்கம் ,வியர்வை அல்லது மனப்பரபரப்பு உள்ளதா ? மேற்குறியவற்றை குறைக்க நீங்கள் குடிப்பீர்களா? ஏதாவது ஒன்று ஆம் எனில் ஆம் என குறியீடுக		
c	நீங்கள் மது அருந்தும் போது ஆரம்பத்தில் இவ்வளவுதான் என திட்டமிட்டதை விட குறைவாக குடித்ததுண்டா?		
d	நீங்கள் மது அருந்துவதை குறைக்கவோ அல்லது நிறுத்தவோ முயற்சி செய்து தோற்றதுண்டா?		
e	நீங்கள் குடித்திருக்கும் நாட்களில் கணிசமான நேரத்தை மது வாங்குவதற்காக,மீண்டும் குடிப்பதற்காக அல்லது விளைவுகளில் இருந்து விடுபடுவதற்காக எதற்கு செலவிடுவீர்கள்?		
f	நீங்கள் குடிப்பதனால் வேலை செய்யும், சந்தோசத்தை அனுபவிக்கும் அல்லது மற்றவர்களுடன் குறைந்த நேரத்தை செலவிடும் நிலைமைக்கு ஆளாகிறீர்களா?		
g	நீங்கள் தொடர்ந்து குடிப்பதனால் உடல் மற்றும் மன நல பாதிப்புகள் வரும் என நினைக்கிறீர்களா ? மூன்று அல்லது அதற்கு மேற்பட்ட வினாக்களுக்கு ஆம் குறியீடு எனில் * ஆம் எனில் 3J கேள்விகளைத் தவிர்க்கவும் A/N என்பதில் வட்டம் இட்டு அடுத்த சீர்குலைவு செல்க ,சார்ந்திருத்தல் நுகர்வை ஊக்குவிக்கும் .	இல்லை ஆம்*	நடப்பு மது சார்பு நோய்
3Jகடந்த பனிரெண்டு மாதங்களாக			
a	பள்ளியில் ,வேலையில் ஒருதடவைக்கு மேல் அல்லது வீட்டில் நீங்கள் பொறுப்பாக இருக்க வேண்டிய நேரத்தில் அதிகமாக குடித்திருக்கிறீர்களா ?இவற்றால் ஏதேனும் பிரச்சினைகள் வந்ததுண்டா?		
b	நீங்கள் ஆபத்தில் இருக்கும் சூழ்நிலையில் உதரணமாக வண்டி ஓட்டும் போதும்,இயந்திரங்கள் பயன்படுத்தும் போதும்,படஎனில் கு சவாரி செய்யும் போதும் ஒரு தடவைக்கு மேல் அதிகமாக குடித்தது உண்டா ?		
c	குடிப்பபிரச்சனையினால் ஒரு முறைக்கு மேல் சட்ட பிரச்சினை, கைது, அல்லது ஒழுங்கற்ற நடத்தையினால் நீங்கள் பாதித்தது உண்டா		
d	உங்கள் குடிப்பழக்கத்தினால் குடும்பம் அல்லது மக்களுக்கு ஏதேனும் பிரச்சினை வந்தாலும் குடித்திருக்கிறீர்களா? ஒன்று அல்லது அதிகமான 3 j பதில்கள் ஆம் எனில்	இல்லை ஆம் மது நுகர்வு நடப்பு நோய்	

Jமது அல்லாத உளவியல் போதைப்பொருள் பயன்பாடு கோளாறுகள்

) → எனில் நோய் அறிகுறி வட்டம் செல்க அல்லது அடுத்த தொகுதி செல்க (

எண்	விவரங்கள்	இல்லை	ஆம்
இப்பொழுது நான் உங்களுக்கு பொதுவான தெருவில் உள்ள மருந்து பட்டியலை படிக்கிறேன்.			
1k	கடந்த 12 மாதங்களில் கீழ் உள்ள மருந்துகளில் எதாவது ஒன்றை ஒருதடவைக்கு மேல் மனதளவில் சொர்க்கம் போல் உணர்வும், நன்றாக உணர்வும் , உங்கள் மனநிலை மாறவும் பயன்படுத்தினீர்களா?	→	
<p>அதிகமாக பயன்படுத்திய மருந்தை கூறவும் _____</p> <p>ஒரே ஒரு மருந்து/ பலவகையான மருந்துகள் <input type="checkbox"/></p> <p>அதிகமாக பயன்படுத்திய மருந்து வகுப்பை சரிபார்க்கவும் <input type="checkbox"/></p> <p>பயன்படுத்திய ஒவ்வொரு மருந்தையும் தனித்தனியாக சரிபார்க்கவும் <input type="checkbox"/></p> <p>bஎந்த மருந்து அல்லது மருந்து வகைகள் அதிகமாக பயன்படுத்தப்பட்டது எனவும் அவை ஒரே நேரத்தில் அல்லது தொடர்ச்சியாக பலவகையான மருந்து கலவை பயன்பாடா _____ /</p>			
2kகடந்த பன்னிரண்டு மாதங்களில் நீங்கள் பயன்படுத்திய மருந்தின் பெயர் அல்லது வகுப்பை கூறவும்:			
a	நீங்கள் உங்களுக்கு அதிகப்படியான) மருந்து அல்லது மருந்து வகுப்பை (மருந்து முதன் முதலில் மருந்து எடுக்கும் போது உணர்ந்ததைபோல மகிழ்ச்சியாக உணர் தேவைப்படும் என கருதுகிறீர்களா?		
b	நீங்கள் மருந்தை நிறுத்த முயற்சி செய்யும் போது பின் வாங்கும் அறிகுறிகள் ஏதேனும் வருவதை உணர்ந்தீர்களா? நீங்கள் இந்த மருந்தை நோயில் இருந்து உங்களை காப்பதற்கும் அல்லது சிறப்பாக உணர்வதற்கும் பயன்படுத்துகிறீர்களா? எதாவது ஒன்று ஆம் எனில் ஆம் என குறியீடுக		
c	நீங்கள் இந்த மருந்தை அடிக்கடி உபயோகிக்கும் போது நீங்கள் நினைத்ததை விட குறைவாக பயன்படுத்தியது உண்டா?		
d	நீங்கள் மருந்தை குறைப்பதற்கும் அல்லது நிறுத்துவதற்கும் முயற்சி செய்து தோற்றது உண்டா?		
e	நீங்கள் இந்த மருந்தை அடிக்கடி உபயோகிக்கும் போது கணிசமான நேரத்தைஇரண்டு மணி நேரம் (மருந்து வாங்குவதற்காக,மீண்டும் உபயோகிப்பதற்காக அல்லது விளைவுகளில் இருந்து விடுபடுவதற்காக எதற்கு செலவிடுவீர்கள்?		
f	நீங்கள் மருந்து எடுப்பதனால் வேலை செய்யும், சந்தோசத்தை அனுபவிக்கும் அல்லது நண்பர்களுடன் குறைந்த நேரத்தை செலவிடும் நிலைமைக்கு ஆளாகிறீர்களா?		
g	உடல் மற்றும் மன நல பாதிப்புகள் வந்தாலும் நீங்கள் தொடர்ந்து இந்த மருந்துகளை உபயோகிப்பீர்களா ? 3அல்லது 2 k விடைகள் ஆம் எனில் குறிப்பிட்ட மருந்தை குறிப்பிடவும் _____ ஆம் எனில் 3 k வினாக்களை தவிர்த்து A/N என்பதில் வட்டம் இட்டு அடுத்த சீர்குலைவு செல்க, சார்ந்திதருதல் நுகர்வை ஊக்குவிக்கும்.	இல்லை ஆம் நடப்பு போதைப் பொருள் பயன்பாடு சார்ந்த நோய்	
a 3 k	பள்ளியில் ,வேலையில் ஒருதடவைக்கு மேல் அல்லது வீட்டில் நீங்கள் பொறுப்பாக இருக்க வேண்டிய நேரத்தில் அதிகமாக போதைப்பொருள் பயன்படுத்தியதனால் ஏதேனும் பிரச்சினைகள் வந்ததுண்டா ?		
b	போதை மருந்து பழக்கத்தினால்ஒரு முறைக்கு மேல் சட்ட பிரச்சினை, கைது ,அல்லது ஒழுங்கற்ற நடத்தையினால் நீங்கள் பாதிக்கப்பட்டது உண்டா ?		
c	உங்கள் போதை மருந்து பழக்கத்தினால் குடும்பம் அல்லது மக்களுக்கு ஏதேனும் பிரச்சினை வந்தாலும் அதை தொடருவீர்களா? ஒன்று அல்லது அதற்கு மேல் 3 k பதில்கள் ஆம் எனில் மருந்தின் பெயரை குறியீடுக _____	இல்லை A/N ஆம்	நடப்பு போதை பொருள் நுகர்வு நோய்

பெரும்பசி உள்நோய்

வ.எண்	விபரங்கள்	இல்லை	ஆம்
ஒள1	கடைசி முன்று மாதங்களில் ஒரு நாளில் 2 மணி நேரத்திற்கு ஒருமுறை நிறைய அளவு சாப்பிட்டீர்களா?	இல்லை →	
ஒள2	கடைசி முன்று மாதங்களில் வாரத்திற்கு இரண்டு நாள் உங்கள் கட்டுப்பாட்டை மீறி நிறைய அளவு உணவு சாப்பிட்டீர்களா?	இல்லை →	
ஒள3	நிறைய சாப்பிட்டு எடைகூடாமல் இருப்பதற்கு வாந்தி எடுத்தல், மலமிளக்கி, விரதம் போன்ற செயல்கள் செய்ததுண்டா?	இல்லை →	
ஒள4	உங்களது உடல் எடைஉங்களுக்கு தாக்கத்தை ஏற்படுத்தியது போல உணர்கிறீர்களா?	இல்லை →	
ஒள5	ஒள1 பதில் இருந்தால் குறியீடு ஆம்		

பசியிழப்பு நோய்

வ.எண்	விபரங்கள்	இல்லை	ஆம்
ஒ1	உங்களது உயரம் எவ்வளவு இருக்கிறது? கடைசி முன்று மாதங்களில் உங்கள் குறைந்த பட்ச எடை என்ன இருந்தது?		
ஒ2	கடைசி முன்று மாதங்களில்: உங்களது எடை குறைவாக இருந்தபோதும் நீங்கள் மீண்டும் எடையை குறைக்க முயற்சி செய்தீர்களா?		
ஒ3	உங்களது எடை குறைந்த நிலையில் இருக்கும்போது கூட உள்ளுணர்வு உடல் எடை அதிகமாக இருப்பது போல உணர்கிறீர்களா?		
ஒ4	உங்களது உடல் எடைஉங்களுக்கு தாக்கத்தை ஏற்படுத்தியது போல உணர்கிறீர்களா?		
ஒ5	துற்போதைய உடல் எடை சராசரியாக அல்லது அதிகமாக இருப்பதுபோல எண்ணம் தோன்றுகிறதா?		
ஒ6	ஒன்று அல்லது அதற்குமேல் பதில்கள் இருந்தால் ஆம் குறியீடு பெண்களுக்கு மட்டும் கடந்த மூன்று மாதங்களில் உங்களுக்கு மாதவிடாய் தள்ளிப்போனது உண்டா? அதை எதிர்பார்த்தீர்களா? ஆண்களுக்கு மட்டும் ஒ5 இருந்தால் குறியீடு ஆம்		

.K மனநோய் மற்றும் மன நிலை கோளாறு நோய்

எண்	விவரங்கள்	இல்லை	ஆம்	மாறுபட்ட நிலை ஆம்
a1L b	யாரேனும் உங்களை உளவு பார்பதாகவோ அல்லது உங்களுக்கு எதிராக சதி செய்வதாகவோ அல்லது உங்களை காயப்படுத்துவதற்கு முயற்சி செய்வதாகவோ நம்புகிறீர்களா ? ஆம் அல்லது மாறுபட்ட நிலை எனில் தற்போது இவற்றை நம்புகிறீர்களா ?			→
a 2L b	யாராவது உங்கள் மனதை படித்தோ அல்லது உங்கள் எண்ணங்களை கேட்டோ அல்லது நீங்கள் யாருடைய மனதையாவது படிக்கவோ ,கேட்கவோ முடிகிறது என நம்புகிறீர்களா ? ஆம் அல்லது மாறுபட்ட நிலை எனில் தற்போது இவற்றை நம்புகிறீர்களா?	6L		→
3L b	யாரேனும் உங்களை வெளியில் இருந்து இயக்குவதாகவோ அல்லது எண்ணங்களை உங்களுக்குள் வைப்பதாகவோ உணருகிறீர்களா? ஆம் அல்லது மாறுபட்ட நிலை எனில் தற்போது இவற்றை நம்புகிறீர்களா?			6L→
4L b	உங்களுடைய நினைவுகள் சிறப்பு செய்திகளாக தொலைகாட்சி ,வானொலி ,செய்திதாள் அல்லது தெரியாத நபர் மூலம் அனைவருக்கும் அனுப்பப்படுகிறது என நம்புகிறீர்களா ? ஆம் அல்லது மாறுபட்ட நிலை எனில் தற்போது இவற்றை நம்புகிறீர்களா?	6L		→
5L b	உங்கள் உறவினர்கள் அல்லது நண்பர்கள் உங்கள் எண்ணங்கள் விசித்திரமாக உள்ளது என கூறியது உண்டா ? ஆம் அல்லது மாறுபட்ட நிலை எனில் தற்போது இவற்றை நம்புகிறீர்களா?			
6L	மற்றவர்கள் கேட்காத ஒலி உங்களுக்கு கேட்கிறதா ? ஆம் எனில் கடந்த மாதங்களில் மற்றவர்கள் கேட்காத ஒலி உங்களுக்கு கேட்டதா ?	b8L	→	
7L	மற்றவர்கள் பார்க்காத பிம்பம் உங்களுக்கு தெரிகிறதா ? ஆம் எனில் கடந்த மாதங்களில் மற்றவர்கள் பார்க்காத பிம்பம் பார்த்தீர்களா ?			
8L b	மருத்துவர்களின் தீர்ப்பு தற்போது ஒழுங்கற்ற ,ஒத்திசைவற்ற அல்லது பொறுமையற்ற நிலையை வெளிப்படுத்தினரா ?			
9L	தற்போது ஒழுங்கற்ற ,ஒத்திசைவற்ற நிலையை வெளிப்படுத்தினரா ?			
1LO	மனச்சிதைவு அல்லது எதிர்மறையான எண்ணங்கள் நேர்காணலின் பொது வெளிப்படுத்தினரா ?	மன எழுச்சி நோய் மற்றும் உளப்பிணி அறிகுறிகள்		

பொது கவலை கோளாறு

வ.எண்	விபரங்கள்	இல்லை	ஆம்
ஒ1	கடந்த ஆறு மாதங்களில் அதிக கவலை அடைந்தது உண்டா?	இல்லை	
ஒ2	அதிக நாள்கள் கவலையுடன் காணப்பட்டீர்களா?	இல்லை	
ஒ3	கவலையை கட்டுப்பாட்டுக்குள் கொண்டுவர சிரமப்பட்டீர்களா?	இல்லை	
ஒ4	கடந்த ஆறு மாதங்களில் பயத்தினால் மனம் அமைதியற்று இருப்பதாக உணர்ந்தீர்களா?		
ஒ5	கடந்த ஆறு மாதங்களில் பயத்தினால் அதிக நேரம் சோர்வாக காணப்பட்டீர்களா?		
ஒ6	கடந்த ஆறு மாதங்களில் பயத்தினால் மனச்செரிவு குறைந்தது போல உணர்ந்தீர்களா?		
ஒ7	கடந்த ஆறு மாதங்களில் தூக்கம் குறைவாகவோ (அ) அதிகமாகவோ இருந்தது போல உணர்கிறீர்களா?		
ஒ8	3அல்லது அதற்குமேல் பதில்கள் அளித்திருந்தால் ஆம் குறியீடு		

சமூக எதிர்ப்பு ஆளுமைக்கோளாறு:

வ.எண்	விபரங்கள்	இல்லை	ஆம்
பி1	<p>பதினைந்து வயதிற்கு முன்பாக நீங்கள் செய்தது:</p> <p>தொடர்ந்து பொய் சொல்வீர்களா?</p> <p>வேண்டுமென்றே பொருட்களை சேதப்படுத்துவீர்களா?</p> <p>வேண்டுமென்றே விலங்குகளை துன்புறுத்துவீர்களா?</p> <p>நீங்கள் வாங்கிய பொருட்களுக்குகான பணத்தை</p> <p>வேண்டுமென்றே செலுத்தாமல் வருவீர்களா?</p> <p>அடுத்தவர்களிடம் சண்டையோ அல்லது கொடுமைபடுத்தி பயம்</p> <p>படுத்தியதுண்டா?</p> <p>அடுத்தவர்களுக்கு பாலியல் தொடர்பான தொந்தரவு</p> <p>கொடுத்ததுண்டா?</p> <p>பதினைந்து வயதிற்கு பிறகு நீங்கள் செய்தது:</p> <p>பொறுப்பற்ற முறையில் தொடர்ந்து நடந்துகொண்டதுண்டா?</p> <p>வேண்டுமென்றே உங்களது பொருள்களுக்கு பணம்</p> <p>கொடுக்காமல் இருப்பது, அடுத்தவர்கள் உங்களுக்கு சாதகமாக</p> <p>வேண்டுமென்று தூண்டியதுண்டா?</p>		
பி2	<p>சட்டத்திற்கு புறம்பான செயல்களில் ஈடுபட்டது உண்டா? (எ. கா)</p> <p>அடுத்தவரது சொத்துக்களை அழித்தல், திருடுதல், போதை</p> <p>பொருள்கள் விற்பது.,</p> <p>நீங்கள் தொடர்ந்து உங்களது கனவரிடமோ, மனைவியிடமோ</p> <p>அல்லது குழந்தைகளிடமோ சண்டை போட்டது உண்டா?</p> <p>அடிக்கடி பொய் சொல்லி அனைவரிடமும் பணம் வாங்குவீர்களா?</p> <p>வேடிக்கையாக பொய் பேசியது உண்டா?</p> <p>அக்கறையில்லாமல் அடுத்தவருக்கு ஆபத்து ஏற்படுத்துவீர்களா?</p> <p>அடுத்தவர்களின் சோத்துக்களை சேதப்படுத்திவிட்டு எந்தவித</p> <p>குற்ற உணர்வு இல்லாமல் பொய் சொல்வது உண்டா?</p> <p>மூன்று அல்லது அதற்கு மேல் பதில் அளித்திருந்தால் ஆம்</p> <p>குறியீடு</p>	<p style="text-align: center;">→</p> <p>இல்லை</p>	

APPENDIX – IX

ENGLISH EDITING CERTIFICATE

ENGLISH EDITING CERTIFICATE

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the Dissertation “A study to assess the psychiatric morbidity among Alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai” done by Mr.Selvakumar.K, M.Sc. Nursing II Year student, College of Nursing, Madurai Medical College, Madurai has been edited for English language appropriateness.

G. Karthigaiselvi

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APPENDIX – X

TAMIL EDITING CERTIFICATE

TAMIL EDITING CERTIFICATE

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the Dissertation “A study to assess the psychiatric morbidity among Alcoholic patients in psychiatric OPD at Government Rajaji Hospital, Madurai”

done by Mr.Selvakumar.K, M.Sc. Nursing II Year student, College of Nursing, Madurai Medical College, Madurai has been edited for Tamil language appropriateness.

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APPENDIX – XI

PHOTOGRAPHS

